

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90083 011 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000083054**

1. Corporation Name

**ALOMA PRINTING, INC.**

Principal Place of Business

**6972 ALOMA AVENUE  
WINTER PARK FL 32792**

Mailing Address

**6972 ALOMA AVENUE  
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/25/1995**

4. FEI Number

**59-3339257**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing ☐**\$5.00 May Be  
Added to Fees**

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

City &amp; State

**23 Zip Country****24 25**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

City &amp; State

**28 Zip Country****29 30**

9. Name and Address of Current Registered Agent

**EWASKO, KELLEY R  
6972 ALOMA AVENUE  
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

**Kelley R. Ewasko - VP**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/19/99**

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE**NAME  
EWASKO, KELLEY R  
STREET ADDRESS  
6972 ALOMA AVENUE  
CITY-ST-ZIP  
WINTER PARK FL 32792**TITLE **D** ☐ DELETE**NAME  
EWASKO, WILLIAM R  
STREET ADDRESS  
6972 ALOMA AVENUE  
CITY-ST-ZIP  
WINTER PARK FL 32792**TITLE ☐ DELETE**NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ DELETE**NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ DELETE**NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ DELETE**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)