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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085198 (6)

SPEEDY PRINTING EXPRESS. INC.

Principal Place of Business Mailing Address 6912 CYPRESS RD 8912 CYPRESS RD PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1766922 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOLSCHAUER, HOWARD 6797 SW 40 ST Street Address (P.O. Box Number is Not Acceptable) 82 **DAVIE FL 33314** 83 84 City Zip Code 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 agont, 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition HOLSCHAUER, ELLEN J 1.2 NAME NAME 6912 CYPRESS RD 1.3 STREET ADORESS STREET ADDRESS **PLANTTION FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE HOLSCHAUER, RUBEN A NAME 2.2 NAME 6912 CYPRESS RD STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME

14. Thereby certify that the information supplied with this filling 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 of the receiver or trustog 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, of organ stychment with a haddress.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

3.4. City-St-ZiP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City-St-7/P

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

DELETE

DELETE

DELETE

Change

Change

Addition

Addition

Addition

FILED

May 04 1998 8:00am

Secretary of State