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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P95000095141 (4) DOCUMENT #

ON-DEMAND PRINT SERVICES, INC.

Mailing Address

FILED Mar 04 1998 8:00am Secretary of State



Principal Place of Business PO BOX 5195 13001 NW 42ND AVENUE HIALEAH FL 33014 OPA LOCKA FL 33054 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1995 FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 65-0628472 21 28 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible Zip Yes □ No Personal Property Tax due June 30. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CATEL, KAREN A 11284 SW 59TH COURT Street Address (P.O. Box Number is Not Acceptable) 82 COOPER CITY FL 33330 83 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 pursose 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE NAME CATEL, KAREN A 1.2 NAME 11284 SW 59 CT STREET ADDRESS 1.3 STREET ADDRESS COOPER CITY FL 1.4 CITY-ST-ZIP CITY-ST-7IP Change Addition DELETE 2.1 TITLE TITLE ROSARIO, JOSE R 22 NAME KAME 10048 SW 129TH STREET STREET ADDRESS 2.3 STREET ADDRESS HIALEAH GARDENS FL 33016 CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TOLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-2W Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

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.

SIGNATURE:

mall

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