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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000020098 (5) 1. Corporation Name ACTION WHOLESALE PRINTERS, INC.			
Principal Place of Business 229 LOCHLOW DRIVE SANFORD FL 32773		Mailing Address 7040 Stapoint Ct. Winter Park, FL 32792 229 LOCHLOW DRIVE SANFORD FL 32773-6640	
2. Principal Place of Business 21 7040 Stapoint Ct. Suite, Apt. #, etc. 22 City & State Winter Park, FL 23 Zip 32792		2a. Mailing Address 26 7040 Stapoint Ct. Suite, Apt. #, etc. 27 City & State Winter Park, FL 28 Zip 32792 29 Orange	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Ross E. Koenigsmann 82 Street Address (P.O. Box Number is Not Acceptable) 229 Loch Low Drive 83 84 City Sanford FL 85 Zip Code 32773	
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: Ross E. Koenigsmann DATE: 3-5-97			
12. OFFICERS AND DIRECTORS TITLE PSTD NAME KOENIGSMANN, ROSS E STREET ADDRESS 229 LOCHLOW DRIVE CITY - ST - ZIP SANFORD FL 32773		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do 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: Ross E. Koenigsmann SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3-5-97 Daytime Phone: 677-8200			



CR2E034 (9/96)