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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90049 006 ***150.00

DOCUMENT # P96000029867 1. Comporation Name	
UNITED PRINTING INC.	

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Principal	Place of Business	Mailing Address				BANCARI (IN INICA MICILANI	I BERNEL BERNE BERNE	L (1888 1818) 1818	Bilit (88) (88)
6205 SW	33 ST	•							
	Y FL 34990			ļ					
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į						corporated or Quali	ted		
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— , :	pal Place of Business	2a. Mailing Address						<u> </u>	plied For
21	8-1-M-040	Suite, Apt. #, etc.			00-00	<u> </u>		\$8.75 A	t Applicable
_ ı	Apt. #, etc.	⊢		**	5Certifc	ate of Status Desire	d. 🗀	Fee Re	
22 City &	State	City & State			6 Flactio	n Campaign Financi	00	\$5.00	' ——-i
23	. State	28			I	und Contribution	'' ⁹ 🗀	Added to	
Zip I	Country	Zip	Cour	ntry		orporation owes the	current vear In		
24	25	├	30		I	al Property Tax.			□No
<u></u>	9. Name and Address of Curren		 1		10. Name	and Address of Ne	w Registered	Agent	•
				81 Name					
	BOWERS, PATRICIA		-	82 Street Ad	Idroce (D.O. Boy	Number is Not Acc	entable)		
	6205 SW 33 ST			OF Sucel A	XOG .O. 1) EEGIDE	Trumber is rect rice	·		
	PALM CITY FL 34990		Ì	83	·	• .	, ,	i	
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	b) 55% 在1月的			84 City			FL	_ 65 200	
11. Purs	uant to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-named co	orporation submi	ts this statement for	the purpose o	f changing its	registered
office	e or registered agent, or both, in the State it. I am familiar with, and accept the obligation	of Florida: Such change was au tions of: Section 607.0505. Flori	uthonzed ida Statu	by the corporates.	ation's board of t	directors, i nereby a	ccept the appo	antment as reç	gistered
SIGNATI									
SIGIRATI	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE:	Registered	Agent signature req	uired when reinstating)		DATE		
12.		D DIRECTORS	13.		ADDITIO	ONS/CHANGES TO	OFFICERS A		
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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

561-220-0568