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FILED
Feb 02, 1999 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-02-1999 90023 014 ****150.00

DOCUMENT # P96000036420

1. Corporation Name
MIDWAY PRINTING INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business
MIDWAY PRINTING, INC
3211 A OLEANDER AVE
FT PIERCE FL 34982
US

Mailing Address
2325 SW INDEPENDENCE RD
PT ST LUCIE FL 34953
US

3. Date Incorporated or Qualified
04/22/1996

4. FEI Number
65-0658624

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$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 **SAME**
 Suite, Apt. #, etc. **AS**

2a. Mailing Address
 26 **SAME**
 Suite, Apt. #, etc. **AS**

City & State
 23 **ABOVE**
 28 **ABOVE**

Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
WEAVER, PAUL
2325 SW INDEPENDENCE RD
PT ST LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name **N/A**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
D
 NAME **WEAVER, PAUL**
 STREET ADDRESS **2325 SW INDEPENDENCE RD**
 CITY-ST-ZIP **PT ST LUCIE FL 34953**

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

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 **SIG Paul J. Weaver** DATE **1-13-99** TELEPHONE **561-464-0640**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)