

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 19 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 # P96000049516 (3)
 1. Corporation Name
S.T.S. PRINTING, INC.



Principal Place of Business: 19902 N. DALE MABRY HWY. SUITE 180 TAMPA FL 33618
 Mailing Address: 19902 N. DALE MABRY HWY. SUITE 180 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	19147 Cherry Rose Circle Lutz Fl 33549	26	19147 Cherry Rose Circle	06/10/1996			
22	City & State	27	City & State	4. FEI Number		Applied For	
23	Lutz Florida	28	Lutz Florida	59-3394806		Not Applicable	
24	Zip	25	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
29	33549	30		<input type="checkbox"/>		<input type="checkbox"/>	
6. Election Campaign Financing				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
Trust Fund Contribution				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOBIE, TIMOTHY A 13902 N. DALE MABRY HWY. SUITE 180 TAMPA FL 33618				81 Name Timothy A. Sobie			
				82 Street Address (P.O. Box Number is Not Acceptable) 19147 Cherry Rose Circle			
				83			
				84 City Lutz FL 85 Zip Code 33549			

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: *Timothy A. Sobie* DATE: 8-1-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Sandra L Sobie Pres.	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	William R. Schnepf Pres.	<input type="checkbox"/> Addition	
NAME				1.2 NAME			
STREET ADDRESS	19147 Cherry Rose Circle			1.3 STREET ADDRESS	12105 Diane Drive		
CITY-ST-ZIP	Lutz Fl 33549			1.4 CITY-ST-ZIP	Wauwatosa Wi 53226		
TITLE	Vice Pres.	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	William R. Schnepf			2.2 NAME	Marjorie A. Schnepf		
STREET ADDRESS	12105 Diane Dr. Wauwatosa			2.3 STREET ADDRESS	12105 Diane Drive Wauwatosa Wi.		
CITY-ST-ZIP	WI 53226			2.4 CITY-ST-ZIP			
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Timothy A. Sobie			3.2 NAME	William J. Schnepf		
STREET ADDRESS	19147 Cherry Rose Circle			3.3 STREET ADDRESS	1055 Silver Mist Court		
CITY-ST-ZIP	Lutz Fl 33549			3.4 CITY-ST-ZIP	Brookfield Wi 53005		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY				6.4 CITY-ST-ZIP			

14. WILLIAM R SCHNEPP
 12105 W DIANE DR
 MILWAUKEE WI 53226

I am supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 the owner or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is typed on an attachment with an address.

SIGNATURE: *William R. Schnepf* DATE: 8-1-97

CR2E034 (4/97)