## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000057875 (2)

PRINTING TO GO, INC.

## FILED Apr 22 1997 8:00am Secretary of State



2145 W. DAV	ace of Business VIE BLVD. #105 DALE FL 33312	2145 W. [	Mailing Address 2145 W. DAVIE BLVD., #105 FT. LAUDERDALE FL 33312-3155			2 18 6 18 48 46 46 Serie Salve				
							3. Date Incorporated or Qualified 07/08/1996	3a. Da	ite of Last R	leport
2. Principal	l Place of Business	2a. Madin	g Address				4. FEI Number	······································		oplied For
21		26					65-067616	2		ot Applicable
Suite, Ap 22	pl. #, etc.	Suite,	Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & St	tate		State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zıp	· · · · · · · · · · · · · · · · · · ·	Coun	try		8. This corporation has liability for	ntapgible	tax under s	. 199.032,
24	25	29		30					] No	
	g, Name and Address of Cu	rrent Registered	Agent		31.7		10. Name and Address of New Re	gistered /	\gent	
	ALDMAN, AVRAHAM			ļ.	31 N	Name				
	145 W. DAVIE BLVD., #105			ļī.	32 5	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
Fi	T. LAUDERDALE FL 33312			-	33					
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				Ī	34 (	City		FL	<b>85</b> Zip	Code
44 6	10	DE00 1 007 450	0.51				oration submits this statement for the p			1 loto
SIGNATURI	Segretare, typa dical printed haine of registere	od agent and title if applice S AND DIRECTORS		13,		ignature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTOR	RS IN 12
TITLE	VALDMAN, AVRAHAM		L_] DELETE	1 1 1/11					TT Cusube	L. Addition
NAME	2145 W DAVIC BLVD 411	05		1.2 NAA						
STREET ADDRES	FT. LAUDERDALE FL 3331			1.3 STR		Ĭ				
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1. I do hereby cartify 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 changer, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/4/0/97

984-327 -1300