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FILED
Jun 10 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 # P96000063521 (4)

1. Corporation Name

GLOBAL IMAGE PRINTING SERVICES INC.



Principal Place of Business

Mailing Address

1809 1ST STREET
INDIAN ROCKS BEACH FL 33785

1809 1ST STREET
INDIAN ROCKS BEACH FL 33785-203

2. Principal Place of Business

2a. Mailing Address

21 1505 Bay Pine Blvd

26 1505 Bay Pine Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Indian Rocks Beach FL

28 Indian Rock Beach FL

24 Zip

Country

29 Zip

Country

33785

33785

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/29/1996

3a. Date of Last Report

4. FEI Number

59 3391854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

DeHaven Karen K

82 Street Address (P.O. Box Number is Not Applicable)

1505 Bay Pine Blvd

83 City

Indian Rocks Beach

FL

85 Zip Code

33785

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

Karen K DeHaven

Karen K DeHaven

4/30/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME President; V; T; S; D

STREET ADDRESS Karen DeHaven

CITY-ST-ZIP 1505 Bay Pine Blvd

Indian Rocks Beach FL 33785

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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: K. SIGNATURE: RE. DE HAVEN

11/2/1997 4/3-561-1018

CR2E034 (9/96)