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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P96000065617**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90014 046 ***550.00

PRINT W	ELL, INC.				
Principal Place	of Business	Mailing Address		I I NOTEN TEN LEGIO BELLE DELLE GALLE DOLLE DO	'HIN BEINE BEITM BEIME EIBER JAME FOAT
3325 GRIFFIN ROAD LAUDERDALE FL 33325 LAUDERDALE FL 33325				DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualifed	
				08/06/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0686403	Not Applicable
Suite, Apt. 1	#, etc	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25		10	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent
81 Name				yle C MCEWEN	
AMERILAWYER CHARTERED			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	1 >
343 ALMERIA AVENUE CORAL GABLES FL 33134			83 29	06 Whele Herbor	Lone
COR	AL GADELO I L 33134		93		
			84 City	Lauderdele F	L 85 Zip Code 3.3312_
11. Pursuant to	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.1508, Florida Statutes e of Florida. Such change was aut ations of, Section 607.0505, Florid	s, the above-named corporation that is the corporation of the corporat	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
SIGNATURE	The solution			3/1/9/	
	<u> </u>	<u> </u>	Registered Agent signature required	d when reinstating) / DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE NAME	PTD NOTIFICATION IN THE COME		1.2 NAME		
STREET ADDRESS	MCEWEN, LYLE CRAIG 3325 GRIFFIN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE FL 33325		1.4 CITY-ST-ZIP		
TITLE	VSD VSD	☐ DELETE	2.1 TITLE		Change Addition
NAME	QUIRION, JULIE		2.2 NAME		
STREET ADDRESS	3325 GRIFFIN ROAD		2 3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE FL 33325		2. 4 CITY-ST-ZIP		
TITLE		☐ OELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS	i		4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-ST-ZIP		1
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			CACITY OF 7/D		

14. I hereby certify that the information supplied with this filling 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:

SNING OFFICER OR DIRECTOR

981 6027