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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT (

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000076834 (6)

TONER TYPE, INC.

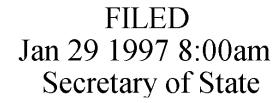
THIS IS NOT PART of OUR COMPANY NAME, CHECK ARTICLES OF INCREPATION.

Principal Place of Business

Mailing Address

9238 LAZY LANE

9238 LAZY LANE





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City & State Ci	lot Applicable	
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28	\$5.00 May Be Added to Fees x under s. 199.032, No	
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TAMPA FL 33602 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuand to the provisions of Sections 607 0502 and 607, 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Floridal Statutes. SIGNATURE SIGNATURE Signature vived or to led name of registered agent and too at applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.E D		
11. Pursuant to the provisions of Sections 607 05:02 and 607.1508, Florida Statutes. The corporation submits this statement for the purpose of changing 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 agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Tamiliar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Tamiliar with, and accept the obligations of, Section 607.0505. Florida Statutes. CNOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE SHAVER, CLYDE C IV 12 AMME SHAVER, CLYDE C IV 12 AMME SHAVER, CLYDE C IV 12 AMME SHAVER, DAVID T 22 AMME SHAVER, DAVID T 22 AMME SHAVER, DAVID T 22 AMME SHAVER, DAVID T 23 STREET ADDRESS CITY-ST-7P TITLE DELETE 31 TITLE Change TAMPA FL 33614 14 CITY-ST-2P TITLE DELETE 31 TITLE Change TAMPA FL 33614 15 CITY-ST-2P TITLE Change TAMPA FL 33614 16 CITY-ST-2P TAMPA FL 33614 17 TITLE Change TAMPA FL 33614 18 CITY ST-2P TAMPA FL 33614 19 TITLE TAMPA FL 33614 10 TITLE TAMPA FL 33614 10 TITLE TAMPA FL 33614 10 T		
11. Pursuant to the provisors of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing officer or registered ageint, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE	Code	
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 of agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME SHAVER, CLYDE C IV 12 MAVE SIREET ADDRESS CITY-ST-ZIP TITLE D	lto registres -	
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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