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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000076834 (6)

TONER'TYPE, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|
|           |       |    |          |

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



| 9238 LAZY LA<br>TAMPA FL 33 |  | 9238 LAZY LANE<br>TAMPA FL 33614 |                     |                    | DO NOT WRITE IN THIS  3. Date Incorporated or Qualified | SPACE     |                |
|-----------------------------|--|----------------------------------|---------------------|--------------------|---|-----------|----------------|
| 2 Princinal P               | Place of Business  | 2a, Mailing Address              |                     |                    | 09/16/1996<br>4. FEI Number                             | <u>_</u>  | Applied For    |
| 21 Principal P              | MOS OF DUSHICSS  | 26 Walling Address               |                     |                    | 59-3403840  | $\vdash$  | Not Applicable |
| Suite, Apt                  | #, etc.  | Suite, Apt. #, etc.              |                     |                    | F-3   | \$8.7     | 5 Additional   |
| 22                          |  | 27                               |                     |                    | 5. Certificate of Status Desired                        |           | Required       |
| City & Stat                 | 0  | City & State                     |                     |                    | Election Campaign Financing     Trust Fund Contribution |           | 00 May Be      |
| Zip                         | Country  | <b>28</b> Ζιρ                    | Coun                | trv                | 8. This corporation owes or has paid the co             | ****      |                |
| 24                          | 25   | 29                               | 30                  | ,                  |   | Yes       | ∏ No           |
|                             | 9. Name and Address of Currer  | <del> </del>                     | 1-31                |                    | 10. Name and Address of New Registered                  |           |                |
| WA                          | LKER, GARY   |                                  | 8                   | 11 Name            |   |           |                |
| 101                         | E. KENNEDY BOULEVARD #41   | 100                              | Ε                   | 2 Street Ad        | ddress (P.O. Box Number is Not Acceptable)              |           |                |
| TAI                         | MPA FL 33602   |                                  | 8                   | :3                 |   |           | ·              |
|                             |  |                                  | 8                   | 4 City             |   | 85 Z      | ip Code        |
| dd Diseasa                  | to the provinces of Captions 602 005   | 00 mid 607 1100 Fig. d- 01       | alutas the sta      |                    | Floorporation submits this statement for the purpose    |           |                |
| office or r<br>agent. I a   | registered agent, or both, in the State im familiar with, and accept the oblig | ∘of Florida. Such change w       | as authorized       | by the corpo       | oration's board of directors. I hereby accept the ap    | pointment | as registered  |
| SIGNATURE                   | Signature, typed or printed name of negeticited age                            | out and title. Lappin while (    | NOTE Registered A   | Agent signature re | equired when reinstating) DATE                          |           | <del></del>    |
| 12.                         | OF LICERS AN   | D DIRECTORS                      | 13.                 |                    | ADDITIONS/CHANGES TO OFFICERS AN                        | ID DIRECT | ORS IN 12      |
| TITLE                       | Ō  | DELETE                           | 1.1 7(71)           |                    |   | Chang     | e Addition     |
| NAME                        | SHAVER, CLYDE C IV   |                                  | 1.2 NAM             |                    |   |           |                |
| STREET ADDRESS              | 9238 LAZY LANE   |                                  |                     | ET ADDRES\$        |   |           |                |
| CITY-ST-ZIP                 | TAMPA FL 33614   | DELETE                           |                     | -ST-ZIP            |   | Chann     | n Addition     |
| TITLE<br>NAME               | D<br>  <b>S</b> haver, David T   | € DECEIE                         | 2.1 TITU<br>2.2 NAM |                    |   |           | je L Addition  |
| STREET ADDRESS              | 9238 LAZY LANE   |                                  |                     | ET ADDRESS         |   |           |                |
| CITY-ST-ZIP                 | TAMPA FL 33614   |                                  |                     | r-ST-ZIP           |   |           |                |
| TITLE                       |  | DELETE                           | 3.1 TITU            |                    |   | Chang     | e Addition     |
| NAME                        |  |                                  | 3.2 NAM             | E                  |   |           |                |
| STREET ADDRESS              |  |                                  | 3.3 STRE            | ET ADDRESS         |   |           |                |
| CITY-ST-ZIP                 |  |                                  | 3.4. CITY           | ′-S1-ZIP           |   |           |                |
| TITLE                       |  | ☐ DELETE                         | 4 1 TiTL            |                    |   | Chang     | e 🔲 Addition   |
| NAME                        |  |                                  | 4. 2 NAM            | 1E                 |   |           |                |
| STREET ADDRESS              |  |                                  |                     | ET ADDRESS         |   |           |                |
| CITY-ST-ZIP                 | <b></b>  | ☐ DELETE                         |                     | - ST - ZIP         |   | Chang     | e Addition     |
| TITLE                       |  | ☐ NETE IF                        | 5 1 TITLS           |                    |   | LJ Chang  | ic MONINOU     |
| NAME<br>etheet annoecc      |  |                                  | 5.2 NAM             | E1 ADDRESS         |   |           |                |
| STREET ADDRESS              |  |                                  |                     |                    |   |           |                |
| CITY-ST-ZIP<br>TITLE        |  | DELETE                           | 6.1 HTL             | - SI - ZiP         |   | Chang     | e Addition     |
| NAME                        |  |                                  | 6.2 NAM             |                    |   |           |                |
| STREET ADDRESS              |  |                                  |                     | ET ADDRESS         |   |           |                |
| CITY-ST-ZIP                 |  |                                  |                     | - SI - 7IP         |   |           |                |

14. I hereby certify that the information supplied with this filing cloes 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