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

**FILED** Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthay Secretary of State ANNUAL REPORT Socretary of State 1998 DIVISION OF CORPORATIONS P96000103100 (9) DOCUMENT # EXPRESSIONS IN PRINT, INC. Principal Place of Business Mailing Address 500 WEST LANTANA ROAD 500 WEST LANTANA ROAD LANTANA FL 33462 LANTANA FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0720211 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year-intengible Yes 24 29 Personal Property Tax due June 30. 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DALEY, JOHN R **500 WEST LANTANA ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) LANTANA FL 33462 83 Zip Code 11. Pursuant to the provisions of Sections 607 05.02 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 tamiliar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typest or pumbed cause of regulation argunit and little of applicable (NOTE Hingistered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE 11106 Change TITLE NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Addition 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CHY-ST-ZIP DELETE Addition THLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZIP 4 4 CITY - ST - ZIP DELETE Channe Addition TITLE 5.1 TRUE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP

14. Thereby 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 comporation to the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an uttachment with an address

6 1 TITLE 6.2 NAME

**6.3 STREET ADDRESS** 

6 4 CITY-ST - ZIP

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY - ST - ZIP

561.589-8494

Change

☐ Addition