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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9700003050

Corporation Name
COMMINITY PRINTING. INC.

| Principal Place of Business            | Mailing Address<br>2060 - 70 6 AVE<br>VERO BEACH FL 32960 |  |  |  |
|--|---|--|--|--|
| 2060 - 70 6 AVE<br>VERO BEACH FL 32960 |   |  |  |  |
| 2. Principal Place of Business         | 2a. Mailing Address                                       |  |  |  |
| Z. Fillicipal Flace of Dusiness        | <u> </u>  |  |  |  |
| 21                                     | 26 Suite, Apt. #, etc.                                    |  |  |  |

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90029 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

01/06/1997

| <ol><li>Principal Pl</li></ol>          | ace of Business   | 2a. Mailing Address                  | . Mailing Address        |  | 4. FEI Number   |   | plied For            |          |
|---|---|--------------------------------------|--------------------------|--|---|---|----------------------|----------|
| 1 26                                    |   |                                      |                          |  | 65-0720522  | <del></del>                                 | t Applicable         |          |
| Suite, Apt. #, etc. Suite, Apt. #, etc. |   |                                      |                          |  | 5. Certifcate of Status Desired   | <b>v</b>                                    | \$8.75 Additional    |          |
| 27                                      |   |                                      |                          |  |   | Fee Rec                                     | drited               |          |
| City & State City & State               |   |                                      |                          |  | 6. Election Campaign Financing  | \$5.00                                      | ,                    |          |
| 3 28                                    |   |                                      |                          |  | Trust Fund Contribution   | Added to                                    | o Fees               |          |
| Zip                                     | Country   | Zip Co                               |                          |  | 8. This corporation owes the current year Intangible  |   |                      |          |
| 4 25 29 30                              |   |                                      | <u> </u>                 | 1 dischart toporty run.                            |   |   | □No                  |          |
| · · · · · · · · · · · · · · · · · · ·   | 9. Name and Address of Current  | Registered Agent                     | -                        | Т.,  | 10. Name and Address of New Register  | rea Agent                                   |                      |          |
| ocu:                                    | I INAMANA MARKET  |                                      | 81                       | Name   |   |   |                      |          |
| SCHUMANN, MARK K                        |   |                                      |                          | Street Address (P.O. Box Number is Not Acceptable) |   |   |                      |          |
| 2060 - 70 6 AVE                         |   |                                      | L                        |  |   |   |                      |          |
| VERO BEACH FL 32960                     |   |                                      | 83                       |  |   |   |                      |          |
|   |   |                                      | 84                       | City   |   | 85 Zip C                                    | Code                 | ĺ        |
|   |   |                                      | 04                       | City   |   | FL   "   = " "                              |                      | 1        |
| 11. Pursuant                            | to the provisions of Sections 607.0502  | and 607.1508, Florida Statutes,      | the abov                 | e-named corpo                                      | oration submits this statement for the purpos<br>on's board of directors. I hereby accept the a | e of changing its                           | registered           |          |
| office of re                            | egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | ons of, Section 607.0505, Florida    | Statutes                 | ine corporatio<br>3.                               | of 5 board of directors. Thereby accept the a   | ppontinent as rog                           | ,,,,,,,,,,           |          |
| SIGNATURE                               | , ,   | ,                                    |                          |  |   |   |                      |          |
| SIGNATURE                               | Signature, typed or printed name of registered agent a                                  | and title if applicable. (NOTE: Re-  | gistered Age             | nt signature required                              |   |   |                      | Ó        |
| 12.                                     | OFFICERS AND  |                                      | 13.                      |  | ADDITIONS/CHANGES TO OFFICER  |   |                      | 5        |
| TITLE                                   | D   | ☐ DELETE                             | 1.1 TITLE                |  |   | Change                                      | Addition             | Ξ        |
| NAME                                    | SCHUMANN, MARK K  |                                      | 1.2 NAME                 | •  |   |   |                      | Š        |
| STREET ADDRESS                          | 2060 - 70 6 AVE   |                                      | 1.3 STREET ADDRESS       |  |   |   |                      | וַ       |
| CITY-ST-ZIP.                            | VERO BEACH FL 32960   |                                      | 1.4 CITY- 5              | ST-ZIP   |   | · · · · · · · · · · · · · · · · · · ·       |                      | į        |
| IIILE                                   | D   | ☐ DELETE                             | 2.1 TITLE                |  |   | ☐ Change                                    | Addition             | ١        |
| NAME                                    | SCHUMANN, SANDRA L  |                                      | 2.2 NAME                 | 1  |   |   |                      | l        |
| STREET ADDRESS                          | 2000 70 C AVE   |                                      | 2.3 STREE                | T ADDRESS  |   |   | •                    | l        |
| CITY-ST-ZIP.                            | EDO DE OU EL 0000   |                                      | -2:4 CITY-1              | ST-ZIP   | <u> </u>  |   |                      | <u> </u> |
| TITLE                                   |   |                                      | 3.1 TITLE                |  |   | ☐ Change                                    | ☐ Addition           |          |
| NAME                                    | 32  |                                      | 3.2 NAME                 |  |   |   |                      | l        |
| STREET ADDRESS                          |   |                                      |                          | TADDRESS   |   |   |                      | i        |
|   |   |                                      |                          | ST-ZIP   | ÷   |   |                      | l        |
| CITY-ST-ZIP                             |   |                                      | 4.1 TITLE                | 31-21  |   | Change                                      | ☐ Addition           | l        |
| NAME                                    |   |                                      | 4. 2 NAME                |  |   |   |                      | ł        |
|   |   |                                      |                          | TADDRESS   |   |   |                      | l        |
| STREET ADDRESS                          |   |                                      | i                        |  |   |   |                      | l        |
| CITY-ST-ZIP:                            |   | ☐ DELETE                             | 4.4 CITY-S<br>5.1 TITLE  | S1-ZIP   | <del></del>   | Change                                      | Addition             | i        |
| TITLE                                   | }   | - Deceit                             | 5.1 MLE                  | ļ  |   | _ · 3·                                      | _                    | ļ        |
| NAME .                                  |   |                                      |                          | T ADDRESS  |   |   |                      | l        |
| STREET ADDRESS                          |   |                                      |                          | ·  |   |   |                      | f        |
| CITY-ST-ZIP                             |   | □ DELETE                             | 5.4 C(TY-S)<br>6.1 TITLE | 53-4IP   |   | Change                                      | ☐ Addition           | ı        |
| TITLE                                   |   | ☐ DELETE                             |                          |  |   | □ cuange                                    | THE PROPERTY I       | i        |
| NAME                                    |   |                                      | 6.2 NAME                 |  |   |   |                      | l        |
| STREET ADDRESS                          |   |                                      |                          | TADORESS   |   |   |                      | ł        |
| CITY+ST+ZIP                             | <u></u>   |                                      | 6.4 CITY- S              |  | 2 - 440 07(0)(2 Et al. 0)   |   | nformation           | ;        |
| 14. I hereby of                         | certify that the information supplied with  | this filing does not qualify for the | e exempt<br>e and the    | tion stated in S<br>at my signature                | Section 119.07(3)(i), Florida Statutes. I furthe  | r certify that the if<br>under oath; that ! | normation<br>I am an |          |

officer or director of the corporation of 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 officer or florida statutes.

SIGNATURE: