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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700003546 (3)

LAP LINE PRESS, INC.											
LAP LI	NE PRES	S, II	MC.								
Principal Place of Business Mailing Address											
P O BOX 1483 P O BOX 1483											
WINTER PARK FL 32790					WINTER PARK FL 32790						
											DO NOT WRITE IN THIS SPACE
											3. Date Incorporated or Qualified
2. Principal f	Place of Busi		1 2	2a, Mailing Address						01/08/1997 4. FEI Number . Applied For	
21					26						59-3442475 Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additional
22	22					27					Fee Required
	City & State					City & State					6. Election Campaign Financing \$5.00 May Be
Zip	Zip Country					Zip Cour					Trust Fund Contribution
24		25 29				P	30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registe											10. Name and Address of New Registered Agent
HIL	L, DOUGL	AS W	1					81	١	lame	
102 S INTERLACHEN AVE #311						-			32 Street Addres		tress (P.O. Box Number is Not Acceptable)
WINTER PARK FL 32789									L		
			•					83			
			•					84	7	City	FL 85 Zip Code
11. Pursuant	to the provis	sions	of Sections 607.0	0502 and	1607.	1508, Florida Statut	les, the	e abov	e-na	amed cor	
office or i	registered ag om familiar w	gent.	or both, in the St	ate of Flo	orida.	Such change was a action 607 0505. Fa	author orida S	ized by	y th	e corpora	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE											
12.	Signature, typed	d or prir	OFFICERS					lered Ag	eni si	ignalure requi	ired when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T		OIT IOETIG	1100 10111	icoro	DELETE		.1 TITLE			P/TID
NAME							1.	.2 NAME			Salara Maria
STREET ADORESS					t			1.3 STREET ADDRESS 10		ORESS 1	2 S. Interlachen Ave. #311
CITY-ST-ZIP							1.	4 CITY-S	ST - ZI	PW	Unter Park, Florida 32789
TITLE	_					☐ DELETE	2.	.1 TITLE		V	//S/D □ Change ☑ Addition
NAME							2.	2 NAME		٨	Mary Taylor Hill 22 S. Interlachen Ave. #311
STREET ADDRESS	1							.3 STREET		RESS 10	22 S. Interlacken Me. #311
CITY-ST-ZIP	<del>-</del>					DELETE		4 CITY-	ST-Z	iP W	Unter Park, Florida 32789
TITLE						ריו הנרנו <b>נ</b>		1 TITLE			Change  Addition
NAME CORRECT ADDRESS								2 NAME	. 400	vocco.	
STREET ADDRESS CITY-ST-ZIP								.3 STREET .4. CITY - :		1	
TITLE	<u> </u>					DELETE		1 TITLE	31-7	<u>"</u>	Change Addition
NAME						—	1	2 NAME			_ , _
STREET ADDRESS								3 STREET	ADD	IRESS	
CITY-ST-ZIP							4.	4 CITY - S	- ST - ZI	P	
TITLE						DELETE	_	1 TITLE			Change Addition
NAME							5.	2 NAME			<u> </u>
STREET ADDRESS							5.	3 STREET	ADD	RESS	& ~ \b
CITY-ST-ZIP							5.	4 CITY-S	it-ZI	Р	0 2\
TITLE						DELETE		1 TITLE		1	400002448814 Addition -03/06/9801009012
NAME							1	2 NAME			-03/06/9801009012
STREET ADDRESS							6.	3 STREET	AOD	ress	***150 00

CITY-ST-ZIP

6.4 CITY-ST-ZIP

\*\*\* 150, 00

14. I 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 if changed, or on an attachment with an address.