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CLERK OF THE STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000016054 (3)

1. Corporation Name  
ABC PRINTING MACHINERY INC.

Principal Place of Business

2936 PEMBRIDGE ST  
KISSIMMEE FL 34747

Mailing Address

2936 PEMBRIDGE ST  
KISSIMMEE FL 34747

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 1233 Hancock Circle		02/17/1997	
22 City & State		27 1		4. FEI Number	
23 Zip		28 St. Cloud FL		Applied For	
24 Country		29 34769		Not Applicable	
25		30 Osceola		5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

TOETENEL, THEO  
2936 PEMBRIDGE ST  
KISSIMMEE FL 34747

10. Name and Address of New Registered Agent  
81 Name Peter Groenendijk  
82 Street Address (P.O. Box Number is Not Acceptable) 1233 Hancock Circle  
83  
84 City St. Cloud FL 85 Zip Code 34769

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or principal 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

April 2, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President - Secretary		1.1 TITLE	
NAME Theo Toetenel		1.2 NAME	
STREET ADDRESS 2936 Pembridge St		1.3 STREET ADDRESS	
CITY-ST-ZIP Kissimmee FL 34747		1.4 CITY-ST-ZIP	
TITLE Vice President		2.1 TITLE	
NAME Trixie Toetenel		2.2 NAME	
STREET ADDRESS 2936 Pembridge St		2.3 STREET ADDRESS	
CITY-ST-ZIP Kissimmee FL 34747		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information submitted 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.

SIGNATURE:

April 2, 1998

CR2E034 (10/97)

SS-4

(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**  
(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

PLEASE  
PRINT  
CLEARLY  
OR

1 Name of Applicant (Legal name) (See instructions.)

ABC Printing Machinery Inc.

2 Trade Name of Business (if different from name in line 1)

3 Executor, Trustee, Care of Name

Petrus J. Groenendijk

4a Mailing Address (street address) (room, apartment, or suite number)

1233 Hancock Circle

5a Business Address (if different from address in lines 4a and 4b)

4b City

St. Cloud

State ZIP Code

FL 34769

5b City

State ZIP Code

6 County and State Where Principal Business is Located

Osceola Florida

7 Name of Principal Officer, General Partner, Grantor, Owner, or Trustor — SSN Required (See instructions.)

▶ 596-22-0562

Petrus J. Groenendijk

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☐ Personal service corp☐ Limited liability co☐ National guard☐ Estate (SSN of decedent)☐ Plan administrator — SSN☒ Other corporation (specify) ▶☐ Trust☐ Federal government/military☐ Farmers' cooperative☐ Church or church-controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country  
(if applicable) where incorporated

State

Florida

Foreign Country

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ▶ Trade☐ Hired employees☐ Created a pension plan (specify type) ▶☐ Banking purpose (specify) ▶☐ Changed type of organization (specify) ▶☐ Purchased going business☐ Created a trust (specify) ▶☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (See instructions.)

02/17/97

11 Closing month of accounting year (See instructions.)

12

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is  
a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)13 Highest number of employees expected in the next 12 months. Note: If the  
applicant does not expect to have any employees during the period, enter '0' ▶

Nonagricultural

Agricultural

Household

14 Principal activity ▶ Trading

15 Is the principal business activity manufacturing? ▶

☐ Yes☒ No

If 'Yes,' principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail)☐ Other (specify) ▶☒ Business (wholesale)☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ▶

☐ Yes☒ No

Note: If 'Yes,' please complete lines 17b and 17c.

17b If you checked 'Yes' on line 17a, give applicant's legal name and trade name shown on prior application. If different  
from line 1 or 2 above.

Legal name ▶

Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate Date When Filed (month, day, year)

City and State Where Filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business Telephone Number  
(include area code)

(407) 957-6066

Fax Telephone Number (include  
area code)

(407) 957-0164

Name and Title (Please type or print clearly.) ▶ Theodorus J. Toetenel President

Date ▶ 04/14/98

Note: Do not write below this line. For official use only.

Please leave  
blank ▶

Geo

Ind

Class

Size

Reason for Applying

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form SS-4 (Rev 12-95)

CPCE0901 12/01/97