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 # P97000016933 (8)

THE PRINTING ALLIANCE, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				-		HE BUILT INNUE I	
6245 WEST GATE DRIVE 6245 WEST GATE DRIVE									
SUITE 1902		SUITE 1902				}			
ORLANDO FL 32635		ORLANDO FL 32835	ORLANDO FL 32835			DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 02/19/1997 	<u>.</u>		
	lace of Business	2a, Mailing Address	2a. Mailing Address			4. FEI Number		Ar	oplied For
21		26				59-34 29574			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	e	City & State	City & State			6. Election Campaign Financing	_	\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zιρ		untry		8. This corporation owes or has			
24	25	29	30	T		Personal Property Tax due Ju			_ No
	9. Name and Address of Curi	ent Hegistered Agent	 -	81	Name	10. Name and Address of New I	registered	Agent	
	ehl, gregory			"'	Name				
	24 CHIANTI DRIVE			82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
OF	RLANDO FL 32819								
				83					i
				84	City		FL	85 Zip (Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was	: authorize	d by	/ the corporation	oration submits this statement for the on's board of directors. I hereby acc	purpose of	changing it ointment as	ts registered registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·							
12.	Signature, typed or printed name of registered	agent and little it applicable (NC NDD DIRECTORS		d Age	ent signature required		DATE	DIDECTOR	DC (N) 40
TITLE	D	DELETE	13. 11 T	II E		ADDITIONS/CHANGES TO OFF	TUERS AND	Change	Addition
NAME	DIEHL, GREGORY		12 N		ļ			ELJ Unange	
STREET ADDRESS	8124 CHIANTI DRIVE				ADDRESS				
	ORLANDO FL 32819				- }				- 1
CITY-ST-ZIP TITLE			2.1 1	ITY - S	1-214			Change	Addition
NAME		outr	2.1 N					T-1 Outside	
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STREET ADDRESS					ADDRESS				
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NAME			3.2 NAME		4000000				
STREET ADDRESS					ADDRESS				
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STREET ADDRESS			4.2 %		ADDRESS				,
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ſ				5.2 NAME 5.3 STREET ADDRESS					- 1
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NAME CYDEET ADDDESS			6.2 N		1000000				
STREET ADDRESS			•		ADDRESS				1
CITY-ST-ZIP	position that the information complied	Lists Abia Alian da		ITY - ST		Continue 110 07/2V/A Florido Stobutos	I do albanasa		1-1

receive centry that the information supplied with this hing does not quality 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.

4/20/98

(407)521-2844