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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 14 1998 8:00am

Secretary of State

1561)

Secretary of State DIVISION OF CORPORATIONS

## P97000055979 (3) DOCUMENT #

PRINTABILITIES OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address 11157 HARBOUR SPRINGS CIRCLE 11157 HARBOUR SPRINGS CIRCLE **BOCA RATON FL 33428 BOCA RATON FL 33428** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1997 2. Principal Place of Business 2a. Mailino Address 4. FEI Number Applied For 65-0765033 21 26 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AMERILAWYER CHARTERED 343 ALMERIA AVENUE 62 CORAL GABLES FL 33134 В3 the above-named corporation submits this statement for the purpose of changing its registered forized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida Statutes office or registered agent, or both, in the State of Dorids agent. Lam familiar with, and accept the obligations of da Statutes SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTD DCLETE TITLE 1110116 Change Addition TARANTINO, JOSEPH NAME 12 NAME 11157 HARBOUR SPRINGS CIRCLE STREET ADDRESS 13 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP 1.4 CITY - S1 - ZIF DELETE Change Addition TITLE 21 THILE TARANTINO, ELIZABETH NAME 2.2 NAME 11157 HARBOUR SPRINGS CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELFTE TITLE 3.1 TITLE ☐ Change Addition NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 IDLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZiP CITY-ST-ZIP TITLE DELETE 5.1 WILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DETETE Channe Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - S1 - 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 corporation or the receiver or trustage empowered to oxegute this report as required by Chapter 607, Florida Statutes; and that my name appears in