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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000059947

1. Corporation Name

DIGITAL PRINTING AND DESIGN, INC.

	•										
Principal Place of Business Mailing Address								4 10011061 110 EBIN (BBIN OBIN I	 	14 B EIL M F M FAN 1841	1 MJME1 (40) (80)
100 CANDACE DRIVE STE. 116			P.O. BOX 150968 ALTAMONTE SPRINGS FL 32715-0968					20 407 44	NET 184 TI II		
MAITLAND FL 32751								DO NOT WRITE IN THIS SPACE			
US								3. Date Incorporated or Qualife	3		
On Mailing Address							 -	07/11/1997 4. FEI Number			pplied For
2. Principal Place of Business			2a, Mailing Address				ŀ			 +	lot Applicable
21			Suite, Apt. #, etc.					59-3462987	_		Additional
Suite, Apt. #, etc.			27					5. Certifcate of Status Desired			Required
City & State			City & State					6. Election Campaign Financing			May Be
			28					Trust Fund Contribution	' -		to Fees
Zip Country			Zip Country					8. This corporation owes the cu	rrent vear l		
24	25	29					-	Personal Property Tax.		Yes	□No
	9. Name and Address of Curren			70,			. 1	0. Name and Address of New	Registere	d Agent	
				18	B1	Name			<u> </u>		
GRAY, MARGO R					32	Ctroot i	Address (P.O. Box Number is Not Acceptable)				
161 SPRING CHASE CIRCLE					2	Street	Address	ess (P.O. Box Number is Not Acceptable)			
ALTAMONTE SPRINGS FL 32714				1	83						
	į			Ļ						les Zie	Code
				l'	84	City		•	F	L 85 Zip	Code
office or t	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida	Such change was au	thorized I	ov t	the corpo	corporat oration's	ion submits this statement for th board of directors. I hereby acc	e purpose o	of changing it ointment as n	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if a	pplicable. (NOTE:	Registered A	gent	signature re	equired whe	en reinstating)	DATE		
12.	OFFICERS AN	D DIREC		13.		T		ADDITIONS/CHANGES TO O	FFICERS A		
TITLE	P DELETE				1.1 TITLE					☐ Change	Addition
NAME	GRAY, MARGO R.				1.2 NAME						\
STREET ADDRESS	161 SPRING CHASE CIR.			1.3 STR	EET	ADDRESS	l				l
CITY-ST-ZIP	ALTAMONTE SPRGS. FL 32714	<u> </u>		1.4 CITY		-ZIP			_		□ Addition
TITLE	<u> </u>		☐ DELETE	2.1 TITE	E					Change	Addition
NAME	GRAY, JOHN R.			2.2 NAM	ΙE	i	i				1
STREET ADDRESS	161 SPRING CHASE CIR.			2.3 STR	EET.	ADDRESS					ĺ
CITY-ST-ZIP	ALTAMONTE SPRGS. FL 32714	<u>!</u>		2. 4 CIT	_	ſ-ZIP		<u> </u>	_		Addition
TITLE)		. DELETE	3.1 TITL		Ì]			☐ Change	Addition
NAME				3.2 NAM							
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP			☐ DELETE	3.4. CIT		î-ZiP	 			☐ Change	Addition
TITLE			□ pereie	4.1 TITL		ĺ	ĺ			□ Criange	L_ Addition
NAME				4.2 NA			Ì				}
STREET ADDRESS	•					ADDRESS					
CITY-ST-ZIP	,		□ DELETE	4.4 CITY		- ∠ IP			_	Change	Addition
TITLE			L'I OELEIE	5.1 TITL 5.2 NAM						C) change	
NAME	•					ADDRESS		•			
STREET ADORESS				5.4 CiTy		ĭ					
CITY-ST-ZIP	,		☐ DELETE	6.1 TITL		- 417	 -			Change	Addition
TITLE			C. DELETE	6.2 NAM							
NAME	,					ADDRESS					4
STREET ADDRESS	1			0.3 0 110	,		1				1

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR