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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082532

Principal Place of Business

ACCURATE REPRODUCTIONS INC.

| 2060 APOPKA BOULEVARD APOPKA FL 32703 | | 2060 APOPKA BOULEVARD APOPKA FL 32703 | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/22/1997 | | | |
|--|---|---|------------------------|--------------------|---------------|---|---|---------------|-----|
| 0 0 | land of Dunings | 2a. Mailing Address | n Address | | | 4. FEI Number Applied | | | |
| 2. Principal Pi | lace of Business | ⊢ | | | | 59-3477171 | ' | ot Applicable | |
| 21 | | Suite, Apt. #, etc. | | | | 39 347 111 | | Additional | |
| Suite, Apt. #, etc. | | <u></u> | <u> </u> | | | 5. Certificate of Status Desired | ¥ + · · · - | equired | |
| 22 | | City & State | | | | 6. Election Campaign Financing | | Mav Be | |
| City & State | e | ├ ─ | | | | Trust Fund Contribution Added to Fees | | | |
| 23 Zip | Country | Zip | Cou | intry | | 8: This corporation owes the current year | | 1 | 1 |
| <u> </u> | 25 | 29 | 30 | , | | Personal Property Tax. | * Yes | MNo ' | |
| 24 | 9. Name and Address of Currer | | | | | 10. Name and Address of New Registered Agent | | | |
| | 3. Name and Address of Carro | it registered rigen: | | 81 | Name | | <u> </u> | | l |
| DAVIS, ROBERT A | | | | | | ddings (D.O. Boy Alymbor is Not Associable) | | | |
| | BEARVIEW DRIVE | | 82 Street Add | | | ress (P.O. Box Number is Not Acceptable) | | | |
| | PKA FL 32703 | | | | | | | | |
| | | | | | | | 24 - 57 - 57 - 57 - 57 - 57 - 57 - 57 - 5 | <u> </u> | 1 |
| | | | | 84 | City | | FI 85 Zip | Code | |
| offinn or r | egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age | of Florida. Such change was a ations of, Section 607.0505, Flo | autnonze orida Stal | a by i tutes. | tne corporati | poration submits this statement for the purpo- ion's board of directors. I hereby accept the a | appointment do n | egistered | ۾ ا |
| 12. OFFICERS AND DIRECTORS | | | 13. | | - | ADDITIONS/CHANGES TO OFFICER | S AND DIRECT | ORS IN 12 | ő |
| TITLE | Р | ☐ DELETE | 1.1 T | ITLE | | | ☐ Change | ☐ Addition | = |
| NAME | DAVIS, ROBERT A | | 1.2 N | 1.2 NAME | | • • | | | 7 |
| STREET ADDRESS | | | 1.3.5 | | ADDRESS | • | | | [|
| CITY-ST-ZIP | APOPKA FL 32703 | | 1.4 CITY-ST-ZIP | | r-ZiP | <u> </u> | | |] გ |
| TITLE | VP DELETE | | | 2.1 TITLE | | | ☐ Change | ☐ Addition | 10 |
| NAME | WEST, BARRY F | 2.21 | | AME | | • | | | |
| STREET ADDRESS | ATTAC CHAPT LEAF COURT | | 2.3 S | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | APOPKA FL 32703 | | 2,40 | 2. 4 CITY- ST- ZIP | | | | |] _ |
| TITLE | AT OTTATILE DELIGO | | 3.1 T | | | | ☐ Change | Addition | |
| NAME | | | 3.2 N | IAME | | | | • | |
| STREET ADDRESS | · | | 3.3 S | TREET | ADDRESS | | a | | |
| CITY-ST-ZIP | | | 3.4. (| CITY-S | T-ZIP | <u>***</u> | | <u> </u> | |
| TITLE | | ☐ DELETE | 4.1 T | | | | ☐ Change | - Addition | |
| NAME | | | 4.21 | NAME | | | | | |
| STREET ADDRESS | | | 4.3 9 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4,4 0 | XTY-S | T-ZIP | | | | _ |
| TITLE | | ☐ OELETE | 5.1 T | | | | ☐ Change | ☐ Addition | 1 |
| NAME | | | 5.2 N | AME | | e e e | | | 1 |
| STREET ADDRESS | | | 5.3 9 | TREET | ADDRESS | | | | 1 |
| 0:::(E::,E::,E:: | | | 5.4 0 | CITY-S | T-ZIP | | | | 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, open an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90040 042 ***150.00

☐ Change

☐ Addition