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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P970000 83984

1. Corporation Name

SPEED PRINT ENTERPRISES, INC.

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90030 027 ***150.00

14390	lace of Business									
14390		Mailing	Address C/O	WAL	TER	SAMO	OSES			
, , , 🗕 , –	, N. DALE MABRY	HWY	1391	o N.	DAU	e mab	Ry			
TAMP	A, FL 33618	•	SUIT				DO NOT WIDE	TE IN THIC	SDACE	
TAMI					し3	13618	DO NOT WRITE IN THIS SPACE			
				,			3. Date Incorporated or Qualifed SEPT, 29, 1997	7		
2 Princina	I Place of Business	2a Mai	iling Address				4. FEI Number	<u>'</u>	77	Applied For
	Trace of business	-	iling Address				59.346992	27	├ ─┼-	Applied For
Suite A	pt. #, etc.	26 Suit	te, Apt. #, etc.				1 37 340 170			Not Applicable Additional
22	pt. #, etc.	27	ie, ripi. #, cic.				5. Certificate of Status Desired			Required
City & S	tate		& State				6 Clastica Commiss Financias			
23		28	,				6. Election Campaign Financing Trust Fund Contribution		•	0 May Be d to Fees
Zip	Country	Zip		Cou	untry		This corporation owes the current	ent voor Into		101663
24	25	29		30	. ,		Personal Property Tax.	an year inta	XYes	□No
	9. Name and Address of Current		d Agent	[50]	Т		10. Name and Address of New R	egistered #	<i>_</i>	
- (A)					81	Name				
SAN	DERS, WALTER	1					(0.0.0.1)			
	N. DALE MABRY	1			82	Street Addr	ess (P.O. Box Number is Not Accepta	DIE)		
SIJI	TE 1 PA, FL 33618				83					
TAM	0A FL 33618									
111111	,,, , = = =				84	City		FL	85 Zip	Code
44 Duraua	nt to the provisions of Sections 607.0502	2 and 607 16	Eng. Florido Statu	itan tha a	<u> </u>	namad sam	aration submits this statement for the		honging i	to -naista-nai
office o	r registered agent, or both, in the State of	of Florida. Si	uch change was	authorized	d by th	ne corporation	on's board of directors. I hereby accept	t the appoin	tment as i	registered
_	am familiar with, and accept the obligati	111 11		orida Stati	utes.			/	1	
SIGNATUR	E Signature, typed or printed name of registered agent	Walte	Z Sana	eris_				04/29/	99_	
12,	OFFICERS AND		RS (NOT	13.	Agent s	ignature required	d when reinstating)	DATE	DIPECT	ODS IN 12
	10.			— !	П.Е		ADDITIONS/CHANGES TO OFF	ICERS AND		
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4. I hereby certify that the information supplied with this filing 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 relevier 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29,99

813, 933, 1331

Daytime Phone #