

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

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000094118 (1)**  
 1. Corporation Name  
**CORPORATE SPECIALTIES & PRINTING, INC.**

Principal Place of Business <b>9159 WARWICKSHIRE ROAD JACKSONVILLE FL 32257</b>	Mailing Address <b>9159 WARWICKSHIRE ROAD JACKSONVILLE FL 32257</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 4077 Woodcock Dr.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>28 P.O. Box 56681</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/03/1997</b>	
22 <b>Suite 100</b> City & State		27 <b>---</b> City & State		4. FEI Number <b>59-3485503</b> Applied For <input type="checkbox"/> Not Applicable	
23 <b>Jacksonville, FL</b> Zip Country		28 <b>Jacksonville, FL</b> Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>32207-2713 Duval</b>		29 <b>32241-6681 Duval</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>APPENFELDER, LORI 9159 WARWICKSHIRE ROAD JACKSONVILLE FL 32257</b>				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>APPENFELDER, GREG B</b>	1.2 NAME	<b>Appenfelder, Greg B</b>
STREET ADDRESS	<b>9159 WARWICKSHIRE ROAD</b>	1.3 STREET ADDRESS	<b>4077 Woodcock Dr., Suite 100</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207-2713</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>APPENFELDER, CHARLES L</b>	2.2 NAME	<b>Davis, Charles L</b>
STREET ADDRESS	<b>9159 WARWICKSHIRE ROAD</b>	2.3 STREET ADDRESS	<b>4077 Woodcock Dr., Suite 100</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207-2713</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Sandra B. Mortham* *Greg B. Appenfelder* 04-09-98 904-396-2526

CR2E034 (10/97)