PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE INVISION OF CORPORATIONS

DOCUMENT # P9700096474 1. Corporation Name NEW INK OF AMERICA, INC.					99 SEP 24 PM 12: 58			
Principal Place	e of Business	Mailing A	ddress				BEILL BOILE IMILD MILLI	
3310 S.W. 7TH STREET 420 SE BTH ST								
OCALA FL 344	74	OCALA FL	. 34471					
1		us				DO NOT WRITE 3. Date incorporated or Qualifed	IN THIS SPACE	
						11/12/1997		
9 Principal P	lace of Business	2a, Mailin	g Address			4 FEI Number		Applied For
21		26	9 · · · · · ·			59-3478870	<u> </u>	Not Applicable
Suite, Apt	#, etc		Apt. #, etc.				¥ \$8.7	5 Additional
22		27				5. Certifcate of Status Desired	Fee	Required
City & Stati	e	City &	State			6, Election Campaign Financing	\$5.0	00 May Be
23		28				Trust Fund Contribution	Add	ed to Fees
Zφ	Country	Zip	r	Country		a. This corporation owes the current		
24	25	[29]	3(01		Personal Property Tax.	Yes	No
	9. Name and Address of Cur	rent Registered F	Agent	81	Name	10. Name and Address of New Reg	istered Agent	
CAP	ITAL CONNECTION, INC.							
417	E. VIRGINIA ST.			82	Street Add	dress (P.O. Box Number is Not Acceptable	9)	
STE.	. 1			83				
TALL	LAHASSEE FL 32301-1283						······································	
				84	City		FI 85 2	Cip Code
41 Pursuant	to the provisions of Sections 607.0	0502 and 607.1508	B. Florida Statutes.	the above	-named corr	poration submits this statement for the pur		its registered
office or re	egistered agent, or both, in the Sta	ate of Florida, Such	h change was auth	norized by	the corporati	poration submits this statement for the purion's board of directors. I hereby accept the	na appointment a	s registered
	in familiar with, and accept the obi	ilgations or, asctio	11 007.0000, 1 1010	o Craftitos	•			
SIGNATURE								,
	Signature, typed or printed name of registered	agent and title if applicable	le (NOTE: Re	egistered Agen	t signature require	ed when reinstalling)	DATE	
12.	OFFICERS	agent and title if applicable	S	13.	t signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	
12.	OFFICERS D				t signature require			
r · · · · · · · · · · · · · · · · · · ·	D WAGGONER, CARY G		S	13.	t signature require		ERS AND DIREC	
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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 of trustee empowered to execute this report as required by Chapter 807, 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 TYPE OR PRINTED HAME OF SURVEY OFFICER OR DIRECTOR

CR2E034 (11/98)