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

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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000103350**

1. Corporation Name
**THE ENGRAVERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1195 LISA LANE<br>BARTOW FL 33830 | 1195 LISA LANE<br>BARTOW FL 33830 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**01/01/1998**

4. FEI Number
59-3482717

Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** Ea. Is Added to Fees

8. This Corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip / Country | Zip / Country |
| 24 / 25 | 29 / 30 |

9. Name and Address of Current Registered Agent

**AMERILAWYER**
**343 ALMERIA AVENUE**
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name: Spiegel & Utrera, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue
83
84 City: Coral Gables FL 85 Zip Code: 33134

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 By: Spiegel & Utrera, P.A.
Signature, Type or Print Name of Officer or Director
Natalia Utrera, Vice-President
4/20/99
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| TITLE | PSTD | [ ] DELETE |
| NAME | PRESNELL, CAROLYN | |
| STREET ADDRESS | 1195 LISA LANE | |
| CITY-ST-ZIP | BARTOW FL 33830 | |
| TITLE | VD | [ ] DELETE |
| NAME | BURKS, DANIEL O | |
| STREET ADDRESS | 1195 LISA LANE | |
| CITY-ST-ZIP | BARTOW FL 33830 | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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11 TITLE [ ] Change [ ] Add
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64 CITY-ST-ZIP

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B. 4/23/99 99AR

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:** Carolyn Presnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99
DATE

(941) 646-7014
DAYTIME TELEPHONE NUMBER