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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000039385

1. Corporation Name

CUSTOM PRINTING & PROMOTIONS, INC.

Principal Place of Business

POST OFFICE BOX 13871
TALLAHASSEE FL 32317

Mailing Address

POST OFFICE BOX 13871
TALLAHASSEE FL 32317

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

9. Name and Address of Current Registered Agent

WIENER, WENDY R
680 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature, typed or printed name of registered agent and state if applicable

(If the Registered Agent is a corporation, state the name and address of the corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE [DELETE]

NAME SMITH, STEPHEN C

STREET ADDRESS POST OFFICE BOX 13871

CITY-STATE-ZIP TALLAHASSEE FL 32317

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

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TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[Change] [Addition]

[Change] [Addition]

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****150.00 ****150.00

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Chris Smith Chris Smith

4/27/99

(850) 894-2002

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