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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000052770

1. Corporation Name

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90224 026 \*\*\*150.00

PRINTCO	O INC						
Principal Place	e of Business	Mailing Address			T REMITERATION TO LOUIS FRANCE BRANCE BRANCE BRANCE		1  3E1  SE1  (SE
5211 NE 18TH		5211 NE 18TH TERRACE					
FT LAUDERDALE FL 33308 FT LAUDERDALE FL							
					DO NOT WRITE IN	THIS SPACE	
l	·				3. Date Incorporated or Qualifed		i
		Address Address			06/12/1998 4. FEI Number		pplied For
2. Principal Place of Business 2a. Mailing Addres					58-2398665	<del></del>	lot Applicable
21	# -t-	Suite, Apt. #, etc.		_	28 0016002		Additional
Suite, Apt. #, etc.		<b>⊢</b> ' '		5. Certifcate of Status Desired	T	Required	
22 City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current y		
24	25	29 30	~າ ້		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre				10. Name and Address of New Regis	tered Agent	
			81	Name			
FEIN		82	Stroot Ad	All (DO Dank) who is Net Associable)			
	I NE 18TH TERRACE		02	Street Au	: Address (P.O. Box Number is Not Acceptable)		
FT L	auderdale fl 33308		83				
			<u> </u>			Jos Zin	Codo
			84	City		FLI	Code
	to the provisions of Sections 607.056 registered legent, or both, in the State im familiar with and accept the oblide	un Alchael	LEINS	tein.	rporation submits this statement for the purp tition's board of directors. I hereby accept the	3194-	s registered egistered
11. Pursuant office or ragent. I a SIGNATURE	Signature, typed or printed name despitational age	ant and title if applicable. (NOTE: Re	LEINS	tein.	CASIDERT TH	PATE ERS AND DIRECT	ORS IN 12
SIGNATURE	Signature; typed or printed name acceptanted age OFFICERS AI	ent and title if applicable. (NOTE: Re	egistered Agen 13. 1.1 TITLE	tein.	ired when reinstaurg)	ST97	ORS IN 12
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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 innual 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 coprolation 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 on an adaptment with an address, with all other like empowered.

**SIGNATURE:**