PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCOCOORGE

Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90040 045 ***150.00

1. Corporatio	n Name T PSOUUU	U03001			,			
	HIP-PRINT COMPANY, INC.							
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Principal Plac	e of Business	Mailing Address				IBI 18188 Ivera divan	f Beit i MAL sant	
2317 SOUTH SHELLY AVE 2317 SOUTH SHELLY AVE								
INVERNESS FL 34450-6071 INVERNESS FL 34450-6071				DO NOT WRITE IN THIS SPACE				
						IS SPACE		
					3. Date Incorporated or Qualifed		ſ	
O Dimelant C	To the second se	2a. Mailing Address			09/28/1998 4. FEI Number	LAN	died For	
2. Principal Place of Business		26. Maising Address		65.0864597		Applicable		
21 Suite, Apt.	# etc.	Suite, Apt. #, etc.				\$8.75 A		
22	,	27			5. Certificate of Status Desired	Fee Re		
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	_	28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year		m.,	
24	25	[29]	30		Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registers	io Agent		
CAR	RERA. PAUL K		67	Marile				
	SOUTH SHELLY AVE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	RNESS FL 34450-6071		83					

			84	City	F	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the above-	named corpo	oration aubmits this statement for the purpose	of changing its	registered	
office or r	registered agent, or both, in the State of m familier with and accept the obligat	of Florida, Such change was a ions of Section 607,0505. Fk	authorized by the orida Statutes.	he corporatio	on's board of ectors. I hereby SIGN P	pointment as reg	istered	
	David A Caline	Λ			HERE			
SIGNATURE	Signature, typed or printed name of registered again	one the Wappheable (NOTI	: Pagistared Agent a		MERE) 1 when reinstating) DATE			<u>8</u>
	Signature, typed or printed name of registated agent OFFICERS ANI	i end title if applicable (NOTI	Registered Agent a		HERE		RS IN 12	1/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registated agen OFFICERS ANI PRESIDENT	one the Wappheable (NOTI	f3.		MERE) 1 when reinstating) DATE	AND DIRECTO	RS IN 12	4 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or protect name of registrated agent OFFICERS ANI PRETIONANT CROSERA, PALK	President (NOTI	13. 1.1 TITLE 1.2 NAME	signature required	MERE) 1 when reinstating) DATE		RS IN 12	1034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registrated agent OFFICERS ANI PRETIONANT CARREA, PALK 2317 SOUTH SHELLY A	President Fresident I POTI D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	signature required	MERE) 1 when reinstating) DATE		RS IN 12	(2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registrated again OFFICERS ANI PRESIDENT CABRERA, PALK 2317 SOUTH SHELLY A. INJURALESS, FL. 34450	D DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREET A 14 CITY-ST-2 2.1 TITLE 22 NAME 23 STREET A 2.4 CITY-ST-3 3.1 TITLE 32 NAME 4.3 STREET A 4.1 TITLE 52 NAME 4.3 STREET A 4.4 CITY-ST-2 5.1 TITLE 52 NAME 53 STREET A 5.4 CITY-ST-2 6.1 TITLE	DORESS ZP DORESS ZP DORESS ZP DORESS ZP	MERE) 1 when reinstating) DATE	Change Change	Addition Addition	CRZEU34 (11/98)
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indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under earn; 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 chapagd, or on an ettachment with an address, with all other like empowered.