

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morahan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 OCT -2 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S17722 (7)  
1. Corporation Name  
A-1 PRINTING PLUS, INC.



Principal Place of Business  
6706 BENJAMIN RD. #200  
TAMPA FL 33634

Mailing Address  
6706 BENJAMIN RD. #200  
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/27/1990		3a. Date of Last Report 04/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3045089		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STEINMAN, ALMA  
6706 BENJAMIN RD. #200  
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name	Cynthia Steinman
82 Street Address (P.O. Box Number is Not Acceptable)	6706 Benjamin Rd #200
83	
84 City	Tampa
85 Zip Code	FL 33634

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 *Cynthia Steinman* *Alma Steinman* 9-29-97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMAN, ALMA	1.2 NAME	700002317917--2
STREET ADDRESS	109 S O'BRIEN #221	1.3 STREET ADDRESS	-10/10/97--01090--034
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	*****550.00 *****550.00
TITLE	SL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMAN, CYNTHIA F	2.2 NAME	P
STREET ADDRESS	3809 E STERLING CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Alma Steinman* 6-17-97 (112)246-2751

CR2E034 (4/97)