

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S24056** (1)

1. Corporation Name  
**MEYER-MANZ PRINTING, INC.**



Principal Place of Business <b>1320 RAIL HEAD BLVD. NAPLES FL 33963</b>	Mailing Address <b>1320 RAIL HEAD BLVD. NAPLES FL 34110-8437</b>
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2. Principal Place of Business 21 <b>1955 Imperial GC Blvd</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1955 Imperial GC Blvd</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>01/09/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
22		27		4. FEI Number <b>65-0237431</b>	Applied For Not Applicable
23 <b>Naples FL</b> City & State		28 <b>Naples FL</b> City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 <b>34110</b> Zip		25 <b>Collier</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
29 <b>FL 34110</b> Zip		30 <b>Collier</b> Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MEYER-MANZ, VICKIE  
1320 RAIL HEAD BLVD.  
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) <b>1955 Imperial GC Blvd</b>	<b>FL 34110</b>
83	
84 City <b>Naples</b>	

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

*Jeffrey H. Manz*

(NOTE: Registered Agent signature required when reinstating)

**4-11-97**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MANZ, JEFFREY H.</b>		1.2 NAME	
STREET ADDRESS <b>1320 PAGELS RD, UNIT 2</b>		1.3 STREET ADDRESS <b>1955 Imperial G.C. Blvd</b>	
CITY-ST-ZIP <b>NAPLES FL</b>		1.4 CITY-ST-ZIP <b>Naples, FL 34110</b>	
TITLE <b>DTS</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MEYER-MANZ, VICKIE</b>		2.2 NAME	
STREET ADDRESS <b>1320 PAGELS RD, UNIT 2</b>		2.3 STREET ADDRESS <b>1955 Imperial GC Blvd</b>	
CITY-ST-ZIP <b>NAPLES FL</b>		2.4 CITY-ST-ZIP <b>Naples, FL 34110</b>	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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:

*Jeffrey H. Manz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-97**  
Date

Daytime Phone #

0414530

CR2E034 (9/96)