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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S27223 1. Corporation Name SGS Printing, Orlando, Inc.			
Principal Place of Business 586 Yucca Rd Naples, Fl. 33940		Mailing Address Same	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
9. Name and Address of Current Registered Agent Amato, Louis X 350 Fifth Ave South Suite 200 Naples, Fl. 33940		10. Name and Address of New Registered Agent 81 Name: Steven Klein, CPA 82 Street Address (P.O. Box Number is Not Acceptable): 10626 N.W. 49th Pl. 83 84 City: Coral Spgs, FL 85 Zip Code: 33076	
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] DATE: 4-30-97			
12. OFFICERS AND DIRECTORS 12.1 NAME: PVD Bowles, Douglas V. 586 Yucca Rd Naples, Fl. 33940 12.2 NAME: STD Root, John H. 202 First Ave. East Windermere, Fl 32786 12.3 NAME: [Blank] 12.4 NAME: [Blank] 12.5 NAME: [Blank] 12.6 NAME: [Blank] 12.7 NAME: [Blank] 12.8 NAME: [Blank]			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE: [Blank] 13.2 NAME: [Blank] 13.3 STREET ADDRESS: [Blank] 13.4 CITY-ST-ZIP: [Blank] 13.5 TITLE: [Blank] 13.6 NAME: [Blank] 13.7 STREET ADDRESS: [Blank] 13.8 CITY-ST-ZIP: [Blank] 13.9 TITLE: [Blank] 13.10 NAME: [Blank] 13.11 STREET ADDRESS: [Blank] 13.12 CITY-ST-ZIP: [Blank] 13.13 TITLE: [Blank] 13.14 NAME: [Blank] 13.15 STREET ADDRESS: [Blank] 13.16 CITY-ST-ZIP: [Blank] 13.17 TITLE: [Blank] 13.18 NAME: [Blank] 13.19 STREET ADDRESS: [Blank] 13.20 CITY-ST-ZIP: [Blank] 13.21 TITLE: [Blank] 13.22 NAME: [Blank] 13.23 STREET ADDRESS: [Blank] 13.24 CITY-ST-ZIP: [Blank] 13.25 TITLE: [Blank] 13.26 NAME: [Blank] 13.27 STREET ADDRESS: [Blank] 13.28 CITY-ST-ZIP: [Blank] 13.29 TITLE: [Blank] 13.30 NAME: [Blank] 13.31 STREET ADDRESS: [Blank] 13.32 CITY-ST-ZIP: [Blank] 13.33 TITLE: [Blank] 13.34 NAME: [Blank] 13.35 STREET ADDRESS: [Blank] 13.36 CITY-ST-ZIP: [Blank] 13.37 TITLE: [Blank] 13.38 NAME: [Blank] 13.39 STREET ADDRESS: [Blank] 13.40 CITY-ST-ZIP: [Blank] 13.41 TITLE: [Blank] 13.42 NAME: [Blank] 13.43 STREET ADDRESS: [Blank] 13.44 CITY-ST-ZIP: [Blank] 13.45 TITLE: [Blank] 13.46 NAME: [Blank] 13.47 STREET ADDRESS: [Blank] 13.48 CITY-ST-ZIP: [Blank] 13.49 TITLE: [Blank] 13.50 NAME: [Blank] 13.51 STREET ADDRESS: [Blank] 13.52 CITY-ST-ZIP: [Blank] 13.53 TITLE: [Blank] 13.54 NAME: [Blank] 13.55 STREET ADDRESS: [Blank] 13.56 CITY-ST-ZIP: [Blank] 13.57 TITLE: [Blank] 13.58 NAME: [Blank] 13.59 STREET ADDRESS: [Blank] 13.60 CITY-ST-ZIP: [Blank] 13.61 TITLE: [Blank] 13.62 NAME: [Blank] 13.63 STREET ADDRESS: [Blank] 13.64 CITY-ST-ZIP: [Blank] 13.65 TITLE: [Blank] 13.66 NAME: [Blank] 13.67 STREET ADDRESS: [Blank] 13.68 CITY-ST-ZIP: [Blank] 13.69 TITLE: [Blank] 13.70 NAME: [Blank] 13.71 STREET ADDRESS: [Blank] 13.72 CITY-ST-ZIP: [Blank] 13.73 TITLE: [Blank] 13.74 NAME: [Blank] 13.75 STREET ADDRESS: [Blank] 13.76 CITY-ST-ZIP: [Blank] 13.77 TITLE: [Blank] 13.78 NAME: [Blank] 13.79 STREET ADDRESS: [Blank] 13.80 CITY-ST-ZIP: [Blank] 13.81 TITLE: [Blank] 13.82 NAME: [Blank] 13.83 STREET ADDRESS: [Blank] 13.84 CITY-ST-ZIP: [Blank] 13.85 TITLE: [Blank] 13.86 NAME: [Blank] 13.87 STREET ADDRESS: [Blank] 13.88 CITY-ST-ZIP: [Blank] 13.89 TITLE: [Blank] 13.90 NAME: [Blank] 13.91 STREET ADDRESS: [Blank] 13.92 CITY-ST-ZIP: [Blank] 13.93 TITLE: [Blank] 13.94 NAME: [Blank] 13.95 STREET ADDRESS: [Blank] 13.96 CITY-ST-ZIP: [Blank] 13.97 TITLE: [Blank] 13.98 NAME: [Blank] 13.99 STREET ADDRESS: [Blank] 13.100 CITY-ST-ZIP: [Blank]			
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: Douglas V. Bowles DATE: 4/30/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Douglas V. Bowles			

CR2E034 (9/96)