

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90054 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S27464

1. Corporation Name
S & L BINDERY, INC.

Principal Place of Business 4443 LOST FOREST ROAD SARASOTA FL 34235 US	Mailing Address 4443 LOST FOREST ROAD SARASOTA FL 34235 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7125 FRUITVILLE ROAD Suite, Apt. #, etc. 22 #1566 City & State 23 SARASOTA, FLORIDA Zip Country 24 34240-9729 25 SARASOTA	2a. Mailing Address 26 7125 FRUITVILLE ROAD Suite, Apt. #, etc. 27 #1566 City & State 28 SARASOTA, FLORIDA Zip Country 29 34240-9729 30 SARASOTA
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3. Date Incorporated or Qualified 01/25/1991	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0241763	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MEISSNER, GREGORY C.
 1111 3RD AVENUE WEST
 BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MUNDT, LARRY A.	
STREET ADDRESS	4443 LOST FOREST ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CANTERBURY, SUZANNE J.	
STREET ADDRESS	4443 LOST FOREST ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7125 FRUITVILLE ROAD #1566
1.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34240-9729
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MUNDT, SUZANNE J.
2.3 STREET ADDRESS	7125 FRUITVILLE ROAD #1566
2.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34240-9729
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:  DATE: **4-25-99** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

CR2E034 (1/98)