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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S98621**

 Corporation 	Name				
AWARD PRINTING GROUP, INC.					
Principal Place	of Business	Mailing Address			
3999 NE 167 ST 3999 NE 167 ST N MIAMI BEACH FL 33160 N MIAMI BEACH FL 33160					
N MIAMI BEACH FL 33160 N MIAMI BEACH FL 33160				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
				12/05/1991	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0298826	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		-	Fee Required
City & State	8	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	Intangible — Yes □ No
24	25	29 3	0]	Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Currer	nt Kegistered Agent	81 Name	10. Italia dila rica dos or rem registra	
CAST	TALINE, JANICE				
	3999 NE 167 ST		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
N MI	AMI BEACH FL 33160		83	and the second s	
					1
			84 City	F	L 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auti	horized by the corporation	on's board of directors. I hereby accept the app	pointment as registered
				+ 200	1-05-99
SIGNATURE	. //	taline tr	egistered Agent signature require	ad when reinstating) DATE	1-05-97
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ant and title if applicable. I (NOTE: R	egistered Agent signature require 13.	~	AND DIRECTORS IN 12
SIGNATURE	Signolufe, typed or printed name of registered age OFFICERS AF	ant and title if applicable. / (NOTE: R	egistered Agent signature require 13. 1.1 TITLE	ad when reinstating) DATE	1-05-97
SIGNATURE	Signolufe, typed or printed name of registered age OFFICERS AN PTD CASTALINE, JANICE	ant and title if applicable. I (NOTE: R	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME	ad when reinstating) DATE	AND DIRECTORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #