

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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V01722

(0)

1. Corporation Name

PREMIER PRINTING PLATE CORP.

Principal Place of Business

3461 PARKWAY CENTER COURT
ORLANDO FL 32808

Mailing Address

3461 PARKWAY CENTER COURT
ORLANDO FL 32808-1047

3. Date Incorporated or Qualified

12/19/1991

3a. Date of Last Report

04/30/1996

4. FEI Number

59-3097206

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 2290 W. AIRPORT BLVD

Suite, Apt. #, etc.

22 Suite #4

City & State

23 SANford FL

Zip

24 3271

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DESANZO, CHRISTINE M
3461 PARKWAY CENTER COURT
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name CHRISTINE M. DESANZO

82 Street Address (P.O. Box Number is Not Acceptable)
2290 W. AIRPORT BLVD #4

83

84 City SANford

FL

85 Zip Code 32711

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

Christine M. Desanzo, President

1/8/97

Signature, typed or printed name of registered agent and fee, if applicable

11. Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP
NAME SPERING, ROBERT J
STREET ADDRESS 29207 W OLD MILL
CITY - ST - ZIP TAVARES FL ☒ DELETE

TITLE DVPT
NAME DESANZO, CHRISTINE M
STREET ADDRESS 652 STONEFIELD LOOP
CITY - ST - ZIP HEARTHROW FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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, unchanged, or on an attachment with an address.

SIGNATURE:

Christine M. Desanzo, President

DATE

1/8/97 407-330-2233

Day, the Phone #

CR2E034 (9/96)