

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90126 008 ***150.00

DOCUMENT # V07655

1. Corporation Name

IMPRINTABLES INTERNATIONAL, INC.

Principal Place of Business

2035 E FOWLER AVE.
TAMPA FL 33612
US

Mailing Address

2035 E FOWLER AVE
TAMPA FL 33612
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1992

4. FEI Number

59-3111787

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3049 Drane Field Rd.

Suite, Apt. #, etc.

22 Unit #8

City & State

23 Lakeland, FL

Zip

24 33811

Country

25 USA

2a. Mailing Address

26 12647 U.S. Hwy 19

Suite, Apt. #, etc.

27

City & State

28 Hudson, FL

Zip

29 34667

Country

30 USA

9. Name and Address of Current Registered Agent

EGAN, STEPHEN M.
2031 E FOWLER AVE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

Egan, Stephen M.

82 Street Address (P.O. Box Number is Not Acceptable)

12647 U.S. Hwy 19

83

84 City

Hudson, FL

FL

85 Zip Code

34667

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 Stephen M. Egan Stephen M. Egan

Signature, type, or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS EGAN, STEPHEN M.
CITY-ST-ZIP 2031 E FOWLER AVE
TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☒ Change ☐ Addition
1.2 NAME Stephen M. Egan
1.3 STREET ADDRESS 12647 U.S. Hwy 19
1.4 CITY-ST-ZIP Hudson, FL 34667

2.1 TITLE DUPS ☐ Change ☒ Addition
2.2 NAME Brenda Delliverini
2.3 STREET ADDRESS 12647 U.S. Hwy 19
2.4 CITY-ST-ZIP Hudson, FL 34667

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Stephen M. Egan Stephen M. Egan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 800-978-5646

CR2E034 (11/98)