


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

FILED

May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V10606 (4)</b>					
1. Corporation Name <b>SPEEDKING PRINTING CENTER, INC.</b>					
Principal Place of Business <b>3376 W HILLSBORO BLVD DEERFIELD BEACH FL 33442</b>			Mailing Address <b>3376 W HILLSBORO BLVD DEERFIELD BEACH FL 33442-9403</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/29/1992</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>65-0311275</b>	
23. Zip		28. Zip		Applied For Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>MANIAR, RAJU 11078 ROYAL PALM BLVD CORAL SPRINGS FL 33065</b>			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			85. Zip Code <b>FL</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>D</b>			1.2 NAME		
STREET ADDRESS <b>PATEL, KALPESH M</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>3449 PALLADIAN CIRCLE</b>			1.4 CITY-ST-ZIP		
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			2.2 NAME		
NAME <b>D</b>			2.3 STREET ADDRESS		
STREET ADDRESS <b>PATEL, KALPNA K</b>			2.4 CITY-ST-ZIP		
CITY-ST-ZIP <b>3449 PALLADIAN CIRCLE</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>			3.2 NAME		
TITLE <input type="checkbox"/> DELETE			3.3 STREET ADDRESS		
NAME			3.4 CITY-ST-ZIP		
STREET ADDRESS			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			4.2 NAME		
TITLE <input type="checkbox"/> DELETE			4.3 STREET ADDRESS		
NAME			4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			5.2 NAME		
TITLE <input type="checkbox"/> DELETE			5.3 STREET ADDRESS		
NAME			5.4 CITY-ST-ZIP		
STREET ADDRESS			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			6.2 NAME		
TITLE <input type="checkbox"/> DELETE			6.3 STREET ADDRESS		
NAME			6.4 CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					



CR2E034 (9/96)