FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

PREPRINT PUBLISHING COMPANY, INC.

(8)

FILED May 06 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Ac	Mailing Address 9550 REGENCY SQ BLVD STE 900 JACKSONVILLE FL 32225-8177				1 (00): BILLER HARD BILLI BONE IDIE IDIE IDIEN BIDN BIDN BILLI BIDN AND IN IDIEN			
9550 REGENT JACKSONVILL US	CY SQ BLVD, 8TE 900 LE FL 32225	9550 REG STE 900								
<u> </u>		US					3. Date Incorporated or Qualified 02/24/1992		ate of Last 3/14/199	
2. Principal Pi	lace of Business	}	2a. Mailing Address				4. FFI Number Applied For 59-3126548 Not Applied be			
Sulte, Apt.	#, etc.	·	Suite, Apt. #, etc.							Additional
22		27					5. Certificate of Status Desired	L.J		Required
City & State	е	City &	City & State				6. Election Campaign Financing \$5.00 May Be			
23 Zip	Country	26		;_			Trust Fund Contribution			d to Fees
24 24	Country 25	Zip		Cbur 30	ntry		8. This corporation has liability for			s. 199.032,
24	9. Name and Address of Curre	29 nt Registered A		[30]			Florida Statutes 10. Name and Address of New Re	Yes		
TR	OTTER, FRANCES		90		81	Name	To. Harrie and Address of New No	Aisteran	MARIII	
	714 EDGEMERE DRIVE			Į	B2					
	CKSONVILLE FL 32223					Street Add	Address (P.O. Box Number is Not Acceptable)			
, 9 11	THE PROPERTY OF THE PROPERTY			}	в3					
					B4	City			1221 -	
						,		FL	_ ' '	o Code
SIGNATURE		jations of, Sociol	11 607.0505, FIC	orioa Stati	Hes	i.	poration submits this statement for the introduction's board of directors. I hereby acce	ot the ap	pointment a	is registered
12.	Signature, typed or printed name of registereding	ent and title if applicati ID DIRECTORS	e (NO11		Age	nt signature requ	ired when reinstating)	DATE		
TITLE	DEFICERS AN		DELETE	13 1170			ADDITIONS/CHANGES TO OFFICE	ERS AN	D DIRECTO Change	
NAME	TROTTER, FRANCES		present	1.2 NA					[_] Crisinge	Addition
STREET ADDRESS	11714 EDGEMERE DRIVE			i i		ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CIT		i				
TITLE	VP		DELETE	2.1 111		150"		·	Change	[] Addition
NAME	VEGA, RICK			2.2 NAI					Carlo Iga	LLJ 7 IOU (IO)
STREET ADDRESS	9550 REGENCY SQUARE B	LVD 900				ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			2 4 01		i				
TITLE	8		DELETE	31 111	··-··	·			Change	Addition
NAME	GLEYDURA, TERRI			3.2 NA	ME					
STREET ADDRESS	5167 DERBY FOREST LANE			3 3 ST	1131	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			3 4, CIT						
TITLE			DELETE	4.1 7(1)					Change	Addition
NAME				4.2 NA	M:					
STREET ADDRESS				4.3 STF	REF 1	ADDRESS				
CITY-ST-ZIP				4.4,011	Y - S1	1 - 2(P				
TITLE			DELETE	5.1 1/10					Change	Addition
NAME				5.2-NAM	V[
STREET ADDRESS				5.3 STF	REFT.	ADDRESS				
CITY-ST-ZIP				5.4 CIT	<u>Y - S1</u>	1-7IP				
TITLE			DELFTE	G.1 TITE	F				Change	Addition
NAME				6.2 NAN	ME					
STREET ADDRESS				6.3°S1R	K[1,	ADDRESS				
CITY-ST-ZIP				6.4 CH	V. SI	1.70				

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 eath, that I am an officer or director of the corporation or the eceiver or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, and in attachment with an address