

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 23 AM 9:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V18078**
1. Corporation Name
The Cresset Press Inc.

Principal Place of Business Mailing Address
P.O. Box 2578
SARASOTA, FL. 34230

2. Principal Place of Business 21 None	2a. Mailing Address 26	3. Date Incorporated or Qualified Feb 28, 1992	3a. Date of Last Report 1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name John M. Schofield	
		82 Street Address (P.O. Box Number is Not Acceptable) 3976 LINWOOD ST	
		83	
		84 City Sarasota	85 Zip Code FL 34232

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-signing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE John M. Schofield	<input type="checkbox"/> DELETE	1. TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME John M. Schofield		2. NAME John M. Schofield	
STREET ADDRESS 3976 LINWOOD ST		3. STREET ADDRESS 3976 LINWOOD ST	
CITY- ST- ZIP SARASOTA FL 34232		4. CITY- ST- ZIP SARASOTA FL 34232	
TITLE Elizabeth C. Schofield	<input type="checkbox"/> DELETE	5. TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Elizabeth C. Schofield		6. NAME Elizabeth C. Schofield	
STREET ADDRESS 3976 LINWOOD ST		7. STREET ADDRESS 3976 LINWOOD ST	
CITY- ST- ZIP SARASOTA FL 34232		8. CITY- ST- ZIP SARASOTA FL 34232	
TITLE Bill Herald Jr	<input type="checkbox"/> DELETE	9. TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bill Herald Jr		10. NAME Bill Herald Jr	
STREET ADDRESS 2155 WOOD ST		11. STREET ADDRESS 2155 WOOD ST	
CITY- ST- ZIP SARASOTA, FL. 34237		12. CITY- ST- ZIP SARASOTA, FL. 34237	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY- ST- ZIP		16. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY- ST- ZIP		20. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY- ST- ZIP		24. 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: **John M. Schofield** (Signature and typed or printed name of signing officer or director) **7-10-97** (Date) **AD** (Daytime Phone #)

CR2E034 (9/96)