

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		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. None		26. None		Feb 28, 1992	1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		<input checked="" type="checkbox"/> Not Applicable	
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. 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. City	Sarasota		
				84. State	FL	85. Zip Code	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	John M. Schofield	<input type="checkbox"/> DELETE	2. NAME		
STREET ADDRESS	3976 LINWOOD ST	<input type="checkbox"/> DELETE	3. STREET ADDRESS	900002250479--0	
CITY- ST- ZIP	SARASOTA FL 34232	<input type="checkbox"/> DELETE	4. CITY- ST- ZIP	-07/29/97--01053--011	
TITLE	Elizabeth C. Schofield	<input type="checkbox"/> DELETE	5. TITLE	****173.75 ****173.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth C. Schofield	<input type="checkbox"/> DELETE	6. NAME		
STREET ADDRESS	3976 LINWOOD ST	<input type="checkbox"/> DELETE	7. STREET ADDRESS		
CITY- ST- ZIP	SARASOTA FL 34232	<input type="checkbox"/> DELETE	8. CITY- ST- ZIP		
TITLE	Bill Herald Jr	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Bill Herald Jr	<input type="checkbox"/> DELETE	10. NAME		
STREET ADDRESS	2155 WOOD ST	<input type="checkbox"/> DELETE	11. STREET ADDRESS		
CITY- ST- ZIP	SARASOTA, FL. 34237	<input type="checkbox"/> DELETE	12. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> DELETE	14. NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	15. STREET ADDRESS		
CITY- ST- ZIP		<input type="checkbox"/> DELETE	16. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> DELETE	18. NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	19. STREET ADDRESS		
CITY- ST- ZIP		<input type="checkbox"/> DELETE	20. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> DELETE	22. NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	23. STREET ADDRESS		
CITY- ST- ZIP		<input type="checkbox"/> DELETE	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** **7-10-97** **AD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ Daytime Phone # _____

CR2E034 (9/96)