FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V24629** **(0)**

1. Corporation Name

ST. LUCIE COLOR PRESS, INC.

Principal Place of Business	Mailing Address
9472 S US HWY #1 PORT ST LUCIE FL 34952	9472 S. US 1 PORT ST. LUCIE FL 34952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/26/1992**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business
21: 10502 S. US #1
22: Suite, Apt. #, etc
23: City & State: Port St. Lucie FL
24: Zip: 34952 — 25: Country: ST. Lucie

2a. Mailing Address
26: 10502 S. US #1
27: Suite, Apt. #, etc
28: City & State: Port St Lucie FL
29: Zip: 34952 — 30: Country: St. Lucie

4. FEI Number: **65-0324537** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FACTOR, LAURINE
9472 S. US 1
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10502 S. US #1
83
84 City: Port St Lucie **FL** 85 Zip Code: 34952

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 _____ (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☐ Change ☐ Addition
NAME	FACTOR, MELVIN	12 NAME	Factor Melvin
STREET ADDRESS	9472 S US 1	13 STREET ADDRESS	10502 S. US #1
CITY-ST-ZIP	PORT ST. LUCIE FL	14 CITY-ST-ZIP	Port St Lucie FL 34952
TITLE	ST	21 TITLE	ST ☐ Change ☐ Addition
NAME	FACTOR, LAURINE	22 NAME	Factor, Laurine
STREET ADDRESS	9472 S US 1	23 STREET ADDRESS	10502 S. US #1
CITY-ST-ZIP	PORT ST. LUCIE FL	24 CITY-ST-ZIP	Port St Lucie FL 34952
TITLE	D	31 TITLE	D ☐ Change ☐ Addition
NAME	FACTOR, LAURINE G	32 NAME	Factor Laurine
STREET ADDRESS	9472 S US 1	33 STREET ADDRESS	10502 S. US #1
CITY-ST-ZIP	PORT ST LUCIE FL	34 CITY-ST-ZIP	Port St Lucie FL 34952
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Melvin Factor — 4/13/95 — 407-335-1664
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0378904 CP