

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44007** (5)

1. Corporation Name
ROLAN PRINTING COMPANY

Principal Place of Business Mailing Address
3426 DOUGLAS COURT **3426 DOUGLAS CT.**
KISSIMMEE FL 34746 **KISSIMMEE FL 34746**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/15/1992 **07/28/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For
59-3127902 Not Applicable

21. State, Apt # etc 26. State, Apt # etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. City & State 28. City & State

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

24. City 25. County 29. City 30. County

9. Name and Address of Current Registered Agent
GANDIA, LORRAINE
3426 DOUGLAS CT
SUITE 875
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0603 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 607.0605, Florida Statutes.

SIGNATURE _____ (Type or print name of registered agent and the corporation) _____ (Type or print name of registered agent upon whom appointment is made)

12. OFFICERS AND DIRECTORS

13. PDS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: PDS
2. NAME: GANDIA, LORRAINE
3. STREET ADDRESS: 3426 DOUGLAS CT
4. CITY, ST, ZIP: KISSIMMEE FL

11. TITLE: Change Addition
12. NAME: RITA E. GONZALEZ
13. STREET ADDRESS: 3426 DOUGLAS CT
14. CITY, ST, ZIP: KISSIMMEE FL 34746

5. TITLE: VDT
6. NAME: GONZALEZ, RITA E.
7. STREET ADDRESS: 3426 DOUGLAS CT
8. CITY, ST, ZIP: KISSIMMEE FL

21. TITLE: Change Addition
22. NAME: GANDIA LORRAINE
23. STREET ADDRESS: 3426 DOUGLAS CT
24. CITY, ST, ZIP: KISSIMMEE FL 34746

9. TITLE: 10. NAME: 11. STREET ADDRESS: 12. CITY, ST, ZIP:

31. TITLE: Change Addition
32. NAME: 33. STREET ADDRESS: 34. CITY, ST, ZIP:

13. TITLE: 14. NAME: 15. STREET ADDRESS: 16. CITY, ST, ZIP:

41. TITLE: Change Addition
42. NAME: 43. STREET ADDRESS: 44. CITY, ST, ZIP:

17. TITLE: 18. NAME: 19. STREET ADDRESS: 20. CITY, ST, ZIP:

51. TITLE: Change Addition
52. NAME: 53. STREET ADDRESS: 54. CITY, ST, ZIP:

21. TITLE: 22. NAME: 23. STREET ADDRESS: 24. CITY, ST, ZIP:

61. TITLE: Change Addition
62. NAME: 63. STREET ADDRESS: 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 Sections 119.07(6)(b), 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 as an attachment with an address.

SIGNATURE: *Rita E. Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/95
Date