

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V44007 (5)**
1. Corporation Name
ROLAN PRINTING COMPANY



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

3. Date Incorporated or Qualified: **06/15/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3127902**
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

2. Principal Place of Business
21. Suite, Apt #, etc
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt #, etc
27. City & State
28. Zip
29. Country
30. Country

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
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

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]* (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDS <input type="checkbox"/> DELETE	1.1 TITLE PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANDIA, LORRAINE	1.2 NAME RITA E. GONZALEZ
STREET ADDRESS	3426 DOUGLAS CT	1.3 STREET ADDRESS 3426 Douglas Ct
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP KISSIMMEE FL 34746
TITLE	VDT <input type="checkbox"/> DELETE	2.1 TITLE
NAME	GHANDIA, LORRAINE	2.2 NAME
STREET ADDRESS	3426 DOUGLAS CT	2.3 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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)(k), 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: *Rita E. Gonzalez* 06/04/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)