

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

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3426 Douglas CT Suite, Apt. #, etc. 22 City & State 23 Kissimmee, FL Zip 24 34746		2a. Mailing Address 26 3426 Douglas CT Suite, Apt. #, etc. 27 City & State 28 KISSIMMEE FL Zip 29 34746		3. Date Incorporated or Qualified 06/15/1992	
25 USA		30 USA		4. FEI Number 59-3127902	
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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PDS	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, RITA E	1.2 NAME					
STREET ADDRESS	3426 DOUGLAS CT	1.3 STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP					
TITLE	VDI	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANDIA, LORRAINE	2.2 NAME					
STREET ADDRESS	3426 DOUGLAS CT	2.3 STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP					
TITLE		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		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		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		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 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: *Maria Gonzalez*

03/28/98

CP2E034 (10/97)