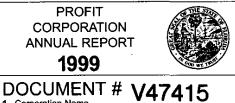
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1999

CONTINUOUS FORMS SOURCE, INC.



FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90181 045 ***150.00

:						
Principal Place of Business Mailing Address						1 13811 811811 81811 12811 21881 11881 8111 81811 81811 81811 81811 81811 81811 81811 81811 81811 81811 81811
995-B WESTWOOD SQUARE OVIEDO FL 32765 995-B WESTWOOD SQUARE OVIEDO FL 32765						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 07/01/1992
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
26						59-3132882 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired See Required
City & State		City & State	1			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip	Counti			8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Cu	1=-1	'			10. Name and Address of New Registered Agent
			8	11 1	Name	
PAUGH, DENNIS C. 44 VINE STREET			8	12	Street Addres	ss (P.O. Box Number is Not Acceptable)
OVIE	DO FL 32765		8	3		
				\perp		
			8	4 1	City	FL 85 Zip Code
office or n agent. I a	egistered agent, or both, in the S	.0502 and 607.1508, Florida Statutes, state of Florida. Such change was auth bligations of, Section 607.0505, Florida	orized b	y th	named corpor e corporation	ration submits this statement for the purpose of changing its registered 's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registers	d agent and title if applicable (NOTE: Re	gistered Ag	gent si	ignature required v	when reinstating) DATE
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	PAUGH, DENNIS C.		1.2 NAME]	
STREET ADORESS	44 VINE STREET		1.3 STREET		DORESS	
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP		JP	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	Paugh, Eric C.		2.2 NAME		ŀ	•
STREET ADDRESS	44 VINE STREET 2.3 S		2.3 STRE	ET AL	DORESS	•
CITY-ST-ZIP	OVIEDO FL 2.4C		2. 4 CITY	'- ST- 2	ZIP	
TITLE	☐ DELETE 3.1 TI		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME	E		
STREET ADDRESS			3.3 STRE	ETAL	DORESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY		ZIP	
TITLE			4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	ξE		
STREET ADDRESS			4.3 STREET ADDRESS		ODRESS	
CITY-ST-ZIP			4.4 CITY-		JP	
TITLE			5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE			
CITY-ST-ZIP	[7] - 11-21-21-21-21-21-21-21-21-21-21-21-21-2		5.4 CITY-		IP	☐ Change ☐ Addition
TITLE		Operese.				☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STRE	E I AE	JUKESS	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Y/Ju/94 407-346-7317