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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # V56161** 

(5)

PRINTING EXPRESSIONS INC. Mailing Address Principal Place of Business 1303 WILDCAT CT 1303 WILDCAT CT APOPKA FL 32712-3859 APOPKA FL 32712 3. Date Incorporated or Qualified 3a. Date of Last Report 08/04/1992 06/03/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For NOT APPLICABLE Not Applicable 26 21 Suite Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country This corporation has liability for intangible tax under s. 199.032, Country Zip Ζip Yes No Florida Statutes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARINO, JAMES A., SR. 1303 WILDCAT COURT Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32712 83 City Zip Code 84 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. Ham 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE HIL MARINO, JAMES A., SR. 72E034 1.2 NAME 1303 WILDCAT COURT 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL 32712 1.4 City - St - ZiP CITY-ST-7P Change Addition DELETE 2.1 TITLE THILF MARINO, JANET L. 22 NAME NAME 1303 WILDCAT COURT 2.3 STREET ADDRESS STREET ADDRESS APOPKA FL 2 4 City-St-ZiP CITY - ST- ZIF Change \_\_\_ Addition DELETE 3.1 TITLE THUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - 2IP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE THUE NAM: 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS City - St - 7IP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY-ST-ZIF Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-S1-ZIP CITY-ST-ZIE 14. I do 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ICE OF DIRECTOR Day Provide Pr

FILED

May 07 1997 8:00am

Secretary of State