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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V63768

(8)

FILED
Mar 21 1997 8:00am
Secretary of State

1. Corporation Name JERRY'S PRINTING AND PUBLISHING, INC.  Principal Place of Business Mailing Address  1880 SW 2ND STREET SUITE C DELRAY BEACH FL 33444  DELRAY BEACH FL 33444								
					3. Date Incorporated or Qualified 09/11/1992		te of Last F <b>9/1996</b>	Report
2. Princ pal	Place of Bosness	2a. Mailing Address 26			4. FEI Number 65-0355171		h	oplied For of Applicable
Saite, Ap	t#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75	Additional equired
City & Ste	ate	City & State			6. Election Campaign Financing		\$5.00	May Be
Zip Country		28    Zip	Country		Trust Fund Contribution  8. This corporation has liability for			to Fees s. 199.032,
24	25] 9. Name and Address of C	[29] urrent Registered Agent	30		Florida Statutes  10. Name and Address of New Re			
	IMMA, ROBERT J.		81	Name				
	30 SW 2ND ST.		82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
	ITE C LRAY BEACH FL 33444		83					
001	PIALL PENOLITE CONTI		84	City			oe Zir	Code
				City		FL	85 Zip	Code
12. THE NAME STREET ACORES	OFFICER  D  MUMMA, ROBERT J.  1880 SW 2ND STREET, #0	S AND DIRECTORS DELETE	13. 11 TILLE 1.2 NAME 1.3 STREEL A		ed when roinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTOR  Change	
THEE	OFFICERS  OFFICE	S AND DIRECTORS DELETE	13. 11 TILLE 1.2 NAME	DURESS				RS IN 12 Addition
THEE NAME STREET ACORESS CITY: SE-20	OFFICER  D  MUMMA, ROBERT J.  1880 SW 2ND STREET, #0	S AND DIRECTORS DELETE	13. 1 1 TILLE 1.2 NAME 1.3 STREEL A 1.4 CITY-S1	DURESS			☐ Change	Addition
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THE NAME SHEET ACORS S OUTS STORE PHLE NAME SDEET ACORD S THE NAME SHEET ACORD S OUTS STORE THE	OFFICER  D MUMMA, ROBERT J. 1880 SW 2ND STREET, #C DELRAY BEACH FL	S AND DIRECTORS  DELETE  DELETE	13.  11 TILLE  1.2 NAME  1.3 STREEL A  14 CITY-SI  21 TITLE  22 NAME  23 STREEL A  24 CITY-SI  31 TILLE  32 NAME  33 STREEL A  34 CITY-SI  41 TITLE	DDRESS - ZIP DORESS - ZIP		CERS AND	Change Change	☐ Addition☐ Addition☐ Addition☐ Addition☐ Addition☐
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THE NAME SHIFTE ACORES ONLY STEAM MAME SHIFTE ACORES ONLY STEAM	OFFICER  D MUMMA, ROBERT J. 1880 SW 2ND STREET, #C DELRAY BEACH FL	S ANO DIRECTORS  DELETE  DELETE  DELETE	13.  11 TILLE  1.2 NAME  1.3 STREEL A  1.4 CITY-SI  2 1 TITLE  2 NAME  2 3 STREEL A  2.4 CITY-SI  3.1 TILLE  3.2 NAME  3.3 STREEL A  3.4 CITY-SI  4.1 TITLE  4.2 NAME  4.3 STREEL A  4.4 CITY-SI  5.1 TITLE  5.2 NAME  5.3 STREEL A	DDRESS - ZIP  DORESS - ZIP  DDRESS - ZIP  DDRESS - ZIP		CERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
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14. I do berreby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119 07(3)(i). Florida Statutes. I further certify that the information indicate don 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 eath; 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:

MATURE AND TYPED OR PHATED NAME OF SIGNING OFFICER OR DIRECTOR

18 MAR 97 (561) 276-4116

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