

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P36831 (6)
 1. Corporation Name
INNOVATIVE LITHOGRAPHERS, INC.



Principal Place of Business: **901 DURHAM AVE SOUTH PLAINFIELD NJ 07080**
 Mailing Address: **901 DURHAM AVE SOUTH PLAINFIELD NJ 07080-2401**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	12/27/1991	03/28/1996
23		28		4. FEI Number	Applied For
24		29		22-2546551	Not Applicable
25		30		5. Certificate of Status Desired	\$8.75 Additional Fee Required
26		31		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27		32		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
28		33		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 187TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
1.1 TITLE	P	1.1 TITLE	
1.2 NAME	CANNIZZARO, SALVATORE	1.2 NAME	
1.3 STREET ADDRESS	5 BORDEAUX LANE	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	HOLMDEL NJ	1.4 CITY - ST - ZIP	
2.1 TITLE		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 supplementary 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 on Block 12 or Block 13 if changed, or on an attachment to an address.

SIGNATURE: *Steven Criscuolo* (STEVEN CRISCUOLO) 3/13/97 (808) 257-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)