

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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90028 007 ***150.00

0513023

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000017020

1. Corporation Name
A1A PRINTING, INC.

Principal Place of Business 496 SOUTH MARKET AVE. 500 BLDG. FT PIERCE FL 34982	Mailing Address 496 SOUTH MARKET AVE. 500 BLDG. FT PIERCE FL 34982
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 02/28/1994	4. FEI Number 65-0578337	Applied For <input type="checkbox"/> Not Applicable
---	--	--	------------------------------------	--

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
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

BENNETT, ANNA
496 SOUTH MARKET AVE.
500 BLDG.
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENNETT, ANNA	
STREET ADDRESS	496 SOUTH MARKET AVE. 500 BLDG.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEDZICHA, JOHN	
STREET ADDRESS	496 SOUTH MARKET AVE. 500 BLDG.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, SAM	
STREET ADDRESS	496 SOUTH MARKET AVE. 500 BLDG.	
CITY-ST-ZIP	FT. PIERCE FL 34982	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NANCY BENNETT	
1.3 STREET ADDRESS	496 50 MARKET AVE 500 BLDG	
1.4 CITY-ST-ZIP	FT. PIERCE, FL 34982	

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.

SIGNATURE: Anna Bennett, President Date: 5/1/99 (361) 460-6677

CR2E034 (11/98)