

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

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**Apr 22 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # S26427 (2)**  
1. Corporation Name  
**LABEL SYSTEMS INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**636 MAMIE ROAD JACKSONVILLE FL 32205** **636 MAMIE ROAD JACKSONVILLE FL 32205-4742**

3. Date Incorporated or Qualified **01/22/1991** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **155 INTERNATIONAL GOLF PKWY** 26 **155 INTERNATIONAL GOLF PKWY**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 **ST. AUGUSTINE, FL**  
23 **ST. AUGUSTINE, FL** 28 **ST. AUGUSTINE, FL**  
City & State City & State  
24 **32095** 25 **USA** 29 **32095** 30 **USA**  
Zip Country Zip Country

4. FEI Number **59-3043572** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for inexchangeable tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GRANT, WILLIAM H III**  
**859 PARK AVENUE**  
**SUITE 104**  
**ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>COPELAND, DONALD J.</b>	
STREET ADDRESS	<b>8090 AIA SOUTH</b>	
CITY-ST-ZIP	<b>CRESCENT BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARNARD, JOHN</b>	
STREET ADDRESS	<b>2502 SOUTH OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BCH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HILLHOUSE, TERRY</b>	
STREET ADDRESS	<b>2922 AMELIA DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD BARNARD, JOHN</b>
2.3 STREET ADDRESS	<b>2887 S. PONTE VEDRA BLVD</b>
2.4 CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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.

SIGNATURE: *M. Terry Hillhouse* **M. TERRY HILLHOUSE** **4-15-97** **904-810-6880**  
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)