

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 384125 (1)
1. Corporation Name
THE BERNARD LEVINSOHN PRINTING CO., INC.



Principal Place of Business: 3731 HENDRICKS AVENUE JACKSONVILLE FL 32207
Mailing Address: 3731 HENDRICKS AVENUE JACKSONVILLE FL 32207

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 06/18/1971
3a. Date of Last Report: 06/13/1995
4. FEI Number: 59-1416740
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 intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: LAUFER, JAY H. 3731 HENDRICKS AVENUE JACKSONVILLE FL 32207
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	LAUFER, SUSAN 5299 ST AUGUSTINE RD JACKSONVILLE FL	1. TITLE: <input type="checkbox"/> DELETE	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	LAUFER, JAY 5299 ST AUGUSTINE RD JACKSONVILLE FL	2. TITLE: <input type="checkbox"/> DELETE	2. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	ALBERT, FRAN 5299 ST AUGUSTINE RD JACKSONVILLE FL	3. TITLE: <input type="checkbox"/> DELETE	3. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		4. TITLE: <input type="checkbox"/> DELETE	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: <input type="checkbox"/> DELETE		6. TITLE: <input type="checkbox"/> DELETE	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten entries in Block 13:
12072 Oldfield Point Dr. JACKSONVILLE, FL 32223
12072 Oldfield Point Dr. JACKSONVILLE, FL 32223
12072 Oldfield Point Dr. JACKSONVILLE, FL 32223
100001829141
-05/20/96--01042--011
***450.00
22
5-15

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 in an attachment with an address.

SIGNATURE: *Jay Laufer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JAY LAUFER
(904) 399-4500

CR2E034 (12/95)