**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**
**AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).**

# NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Sep 10 1997 8:00am
Secretary of State

DOCUMENT # 709966 (6)

1. Corporation Name

PRINTING ASSOCIATION OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PRINTING ASSOCIATION OF FL., INC<br>6095 N.W. 167TH ST., UNIT D-7 ATTN:J. STAM<br>HIALEAH FL 33015 | PRINTING ASSOCIATION OF FL., INC<br>6095 N.W. 167TH ST., UNIT D-7 ATTN:J. STAM<br>HIALEAH FL 33015 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1965
3a. Date of Last Report: 03/28/1996
4. FEI Number: 59-0536092 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

DULBERG, ROBERT A.
100 SE 2ND ST.
21ST FLOOR
MIAMI FL 33131

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VCD | ☐ DELETE | 1.1 TITLE | C/O | ☒ Change ☐ Addition |
| NAME | HALL, EILEEN | | 1.2 NAME | Hall Eileen | |
| STREET ADDRESS | 2444 NW 7TH PLACE | | 1.3 STREET ADDRESS | 2444 NW 7th Place | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | Miami Fl 33127 | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | VC/O | ☐ Change ☒ Addition |
| NAME | STREIBIG, MICHAEL H | | 2.2 NAME | O.U. Kohns | |
| STREET ADDRESS | 6095 NW 167TH ST, D7 | | 2.3 STREET ADDRESS | 3687 34th ST, North | |
| CITY-ST-ZIP | HIALEAH FL | | 2.4 CITY-ST-ZIP | St Petersburg Fl 33713 | |
| TITLE | VCD | ☐ DELETE | 3.1 TITLE | T/D | ☐ Change ☒ Addition |
| NAME | WALTHER, MIKE | | 3.2 NAME | Lawson Dutton | |
| STREET ADDRESS | 5299 ST AUGUSTINE ROAD | | 3.3 STREET ADDRESS | 280 W 79th Pl. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | Hialeah Fl 33014 | |
| TITLE | CDD | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KREISLER, CURT | | 4.2 NAME | | |
| STREET ADDRESS | 18735 W. DIXIE HIGHWAY | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH MIAMI BCH FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | TD | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TRESE, MIKE | | 5.2 NAME | | |
| STREET ADDRESS | 1710 BALDWIN ST | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (4/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED