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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 709966 (6)

1. Corporation Name

PRINTING ASSOCIATION OF FLORIDA, INC.

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

3. Date Incorporated or Qualified: 11/22/1965

4. FEI Number: 59-0536092 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6250 Hazeltine Nat'l Dr. Suite #114	26 6250 Hazeltine Nat'l Dr
Suite, Apt. #, etc. 22 Suite #114	Suite, Apt. #, etc. 27 Suite 114
City & State 23 Orlando, Fl	City & State 28 Orlando, Fl
Zip / Country 24 32822 / 25 Orange	Zip / Country 29 32822 / 30 Orange

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DULBERG, ROBERT A. 100 SE 2ND ST. 21ST FLOOR MIAMI FL 33131	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 reg stered 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HALL, EILEEN		1.2 NAME		
STREET ADDRESS	2444 NW 7TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STREIBIG, MICHAEL H		2.2 NAME		
STREET ADDRESS	6095 NW 167TH ST, D7		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2. 4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALTHER, MIKE		3.2 NAME		
STREET ADDRESS	5299 ST AUGUSTINE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KORNS, D.J.		4. 2 NAME		
STREET ADDRESS	2637 24TH ST NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUTTON, LAWSON		5.2 NAME		
STREET ADDRESS	280 W 79TH PL.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH 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 (10/97)

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 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 1-27-98 407-240-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #