FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 23 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709966

1. Corporation Name
PRINTING ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6250 HAZELTINE NATIONAL DR STE 114 ORLANDO FL 32822 US	6250 HAZELTINE NATIONAL DR STE 114 ORLANDO FL 32822 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
11/22/1965

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

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	CD	☒ DELETE	1.1 TITLE	CD	☐ Change ☒ Addition
NAME	HALL, EILEEN		1.2 NAME	Lawson Dutton	
STREET ADDRESS	2444 NW 7TH PLACE		1.3 STREET ADDRESS	280 W. 79th Place	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Hialeah, FL. 33014	
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	VCD	☐ Change ☒ Addition
NAME	WALTHER, MIKE		3.2 NAME	ED Garcia	
STREET ADDRESS	5299 ST AUGUSTINE ROAD		3.3 STREET ADDRESS	6912 NW 46th Street	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Miami, FL 331606	
TITLE	VCD	☒ DELETE	4.1 TITLE	VCD	☐ Change ☒ Addition
NAME	KORNS, D.J.		4.2 NAME	Bill Maguire	
STREET ADDRESS	2637 24TH ST NORTH		4.3 STREET ADDRESS	3805 University Blvd, West	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	Jacksonville, FL. 32217	
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	DUTTON, LAWSON		5.2 NAME	D.J. Korns	
STREET ADDRESS	280 W 79TH PL		5.3 STREET ADDRESS	2637 24th Street North	
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZIP	St. Petersburg, FL. 33713	
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 (11/98)

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 added on an attachment with an address, with all other like empowered.

SIGNATURE: Michael H. Streibig SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Streibig 1-4-99 407-240-8009
Date Daytime Phone #

03-02-1999 900044 007