

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Jul 16 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 180550 (6)**  
1. Corporation Name

**NATIONAL LITHOGRAPHERS & PUBLISHERS INC.**



Principal Place of Business Mailing Address  
**7700 N W 37TH AVE** **7700 N W 37TH AVE**  
**MIAMI FL 33147** **MIAMI FL 33147**

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt # etc

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified  
**10/01/1954**

3a. Date of Last Report  
**07/18/1995**

4. FEI Number  
**59-0721308**

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 intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEAVY, JONATHAN G.**  
**7700 NW 37TH AVE**  
**MIAMI FL 33147**

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

Signature (Type or print name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PDS**  
STREET ADDRESS **LEAVY, JONATHAN G.**  
CITY - ST - ZIP **7700 NW 37 AVE**  
**MIAMI FL**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **PARKER, SUSAN**  
CITY - ST - ZIP **7700 NW 37TH AVE.**  
**MIAMI FL**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **LEAVY, LAURA S**  
CITY - ST - ZIP **7700 N.W. 37TH AVE.**  
**MIAMI FL 33147**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/96**

**355/691-2800**

CR2E034 (3/96)