

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 # **325798** (7)

1. Corporation Name
WHILE-U-WAIT PRINTING SERVICE INC



Principal Place of Business: **1230 SOUTH ANDREWS AVE FT LAUDERDALE FL 33316**
Mailing Address: **1230 SOUTH ANDREWS AVE FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **01/30/1968**
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: **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
**BECK, RICHARD A.
1230 S ANDREWS AVE
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: *Richard A. Beck* **Richard A. Beck, vice president** 4-16-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	BECK, RICHARD A.	
STREET ADDRESS	1230 S ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VSD	<input type="checkbox"/>
NAME	BECK, JULIA L.	
STREET ADDRESS	1230 S ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/>
NAME	BECK, PHILIP	
STREET ADDRESS	1230 S ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/>
NAME	BECK, GERALDINE	
STREET ADDRESS	1230 S ANDREWS AVENES	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/>
NAME	ZACCOUR, VIOLA J	
STREET ADDRESS	1230 S ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Beck, Richard A.		
1.3 STREET ADDRESS	1230 S. Andrews Ave.		
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316		
2.1 TITLE	PSD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Beck, Julia L.		
2.3 STREET ADDRESS	1230 S. Andrews Ave.		
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Zschoche, Viola J.		
5.3 STREET ADDRESS	1230 S. Andrews Ave.		
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julia L. Beck* **Julia L. Beck, president** 4-16-96 (954) 524-0493
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)