

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 336506 (1)

1. Corporation Name

D J FORMS COMPANY, INC.

Principal Place of Business

6800 N AUGUSTA DR
MIAMI FL 33015

Mailing Address

6800 N AUGUSTA DR
MIAMI FL 33015



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

MERRILL, GAIL S
6800 N AUGUSTA DR
MIAMI FL 33015

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

10/16/1968

3a. Date of Last Report

04/28/1995

4. FEI Number

59-1277292

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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 (typed or printed name of registered agent, if not the same as name of the corporation)

Signature (typed or printed name of registered agent, if not the same as name of the corporation)

(Date)

12. OFFICERS AND DIRECTORS

TITLE VP
NAME MERRILL, MYRON C
STREET ADDRESS 6800 N AUGUSTA DR
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE P
NAME MERRILL, GAIL S.
STREET ADDRESS 6800 N AUGUSTA DR.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE ST
NAME MERRILL, GAIL S
STREET ADDRESS 6800 N AUGUSTA DR
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE AT
NAME CLANTON, DIANE MERRILL
STREET ADDRESS 8531 ARDOCH RD
CITY-ST-ZIP MIAMI LAKES FL

☐ DELETE

TITLE V
NAME MERRILL, DAWN J. (ASST)
STREET ADDRESS 6800 N AUGUSTA DR.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE AS
NAME MERRILL, DONNA J.
STREET ADDRESS 15525 MIAMI LAKEWAY #204
CITY-ST-ZIP MIAMI LAKES FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or I am in agreement with an address.

SIGNATURE:

Gail S. Merrill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAIL S. MERRILL

4-26-96 (305) 829-0058
Date Daytime Phone

CR2E034 (12/95)