

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 453492 (1)

1. Corporation Name

PRINTERS SERVICE OF FLORIDA, INC.



Principal Place of Business

6545 N.W. 84TH AVENUE
MIAMI FL 33166

Mailing Address

26 BLANCHARD ST.
NEWARK NJ 07105

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

SCHWARTZ, DAVID
6545 N.W. 84TH AVE.
MIAMI FL 33166

3. Date Incorporation or Qualified

05/23/1974

3a. Date of Last Report

04/24/1995

4. FET Number

22-2040499

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

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 607.1502, 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME PD
2. STREET ADDRESS LIROFF, RICHARD
3. CITY-STATE-ZIP 187 HILL DRIVE
4. NAME STD SOUTH ORANGE NJ
5. STREET ADDRESS LIROFF, HARRIET
6. CITY-STATE-ZIP 187 HILL DRIVE
7. NAME V SOUTH ORANGE NJ
8. STREET ADDRESS MEDWED
9. CITY-STATE-ZIP 565 SPENDER TRACE
10. NAME V ATLANTA GA
11. STREET ADDRESS SCHER
12. CITY-STATE-ZIP 315 DRUMMEN CT.
13. NAME ATLANTA GA
14. STREET ADDRESS
15. CITY-STATE-ZIP
16. NAME
17. STREET ADDRESS
18. CITY-STATE-ZIP
19. NAME
20. STREET ADDRESS
21. CITY-STATE-ZIP
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. NAME
26. STREET ADDRESS
27. CITY-STATE-ZIP
28. NAME
29. STREET ADDRESS
30. CITY-STATE-ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-STATE-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 complete 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 person or persons authorized 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 in an attached sheet as an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Liroff

CR2E034 (12/95)