

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 # 454691 (7)

1. Corporation Name

PRINT FILE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 607638
ORLANDO FL 32860-4638

P.O. BOX 607638
ORLANDO FL 32860-4638

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

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/13/1974

3a. Date of Last Report
03/07/1995

4. FEI Number
54-0835591

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

**COOK, PENNY
1846 S. ORANGE BLOSSOM TRAIL
APOPKA FL 32703**

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, typed or printed name of registered agent, and title if applicable)

(If Other: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **AMAT, HENRY W**
STREET ADDRESS **101 ROCKINGHAM COURT**
CITY - ST - ZIP **LONGWOOD FL**

TITLE **C** ☐ DELETE
NAME **BERTRAM, JEAN WHITE**
STREET ADDRESS **3185 N. PINELAKE POINT**
CITY - ST - ZIP **APOPKA FL**

TITLE **ST** ☒ DELETE
NAME **COOK, PENNY**
STREET ADDRESS **2808 REGAL LANE**
CITY - ST - ZIP **OVEDO FL**

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

1.1 TITLE **President + Secretary** ☒ Change ☐ Addition
1.2 NAME **Amat, Henry W**
1.3 STREET ADDRESS **101 Rockingham Court**
1.4 CITY - ST - ZIP **Longwood, FL**

2.1 TITLE **C** ☒ Change ☐ Addition
2.2 NAME **Bertram, Jean White**
2.3 STREET ADDRESS **3185 N Pinelake Point**
2.4 CITY - ST - ZIP **Lecanto, FL**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 on an attachment with an address.

SIGNATURE: **Henry W Amat**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

(407) 886-3100

Date: Daytime Phone #

CR2E034 (12/95)