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.) FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (4)610462 THALER'S PRINTING CENTER, INC. Mailing Address Principal Place of Business 4970 N. UNIVERSITY DR. 4970 N. UNIVERSITY DR. LAUDERHILL FL 33351 LAUDERHILL FL 33351 3a. Date of Last Report 3. Date Incorporated or Qualified 02/21/1995 02/01/1979 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1925819 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s 199 032. Country Country Zip ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THALER, WARREN Street Address (P.O. Box Number is Not Acceptable) 82 7504 BLACK OLIVE AVE. TAMARAC FL 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE forgestered Agent signature required when reinstating) SIGNATURE Signature, type it or price. I have not be justified a yent and tilled applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (3/96) OFFICERS AND DIFECTORS 13. Change ____ Addition 12. DELETE 11 TILLE THILE 1.2 NAME THALER, SUZANNE NAME 13 STREET ADDRESS 7504 BLACK OLIVE AVE. STREET ADDRESS 1.4 City - St - ZIP TAMARAC FL Change Addition CITY - ST - ZIP DELETE 2 1 TiTLE TITLE 2.2 NAME THALER, WARREN NAME 2 3 STREET ADDRESS 7504 BLACK OLIVE AVE. STREET ADDRESS TAMARAC FL 2 4 CITY - ST - 7IP CITY-ST-7IP Change Addition DELFTÉ 3 1 TITLE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY-ST-ZIF Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CBY-SE ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE. 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 or 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 13 if changed or on an attachment with an address. 6.4 CITY - ST - ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

954.741-6522

0063711 CP