

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 610462

(4)

1. Corporation Name
THALER'S PRINTING CENTER, INC.

Principal Place of Business
**4970 N. UNIVERSITY DR.
LAUDERHILL FL 33351**

Mailing Address
**4970 N. UNIVERSITY DR.
LAUDERHILL FL 33351-5748**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1979		3a. Date of Last Report 08/12/1996	
21		26		4. FEI Number 59-1925819		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THALER, WARREN 7504 BLACK OLIVE AVE. TAMARAC FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 Warren Thaler DATE 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	THALER, SUZANNE			1.2 NAME			
STREET ADDRESS	7504 BLACK OLIVE AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	THALER, WARREN			2.2 NAME			
STREET ADDRESS	7504 BLACK OLIVE AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☒ Addition		
NAME				3.2 NAME	GARY THALER PRESIDENT		
STREET ADDRESS				3.3 STREET ADDRESS	11723 S.W. 1ST ST.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33071		
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Warren Thaler DATE 4/30/97 DAYTIME PHONE # 954-741-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)