

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 751326 (0)

1. Corporation Name

95 FEB 27 PM 3:18

POST SCRIPT, INC.

Principal Place of Business

Mailing Address

3755 CHEROKEE VILLA LANE
JACKSONVILLE FL 32217
US

3755 CHEROKEE VILLA LANE
JACKSONVILLE FL 32211
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/29/1980 3a. Date of Last Report 04/06/1994

4. FEI Number 59-2020287 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

10. Name and Address of New Registered Agent

WAXMAN, ROBERT
3755 CHEROKEE VILLA LANE
JACKSONVILLE FL 32211

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	RIGGIN, JUDY
STREET ADDRESS	2901-C SOUTH WOODLEY
CITY-ST-ZIP	ARLINGTON VA
TITLE	SD
NAME	JENNINGS, WADE
STREET ADDRESS	621 EAST CHARLES
CITY-ST-ZIP	MUNCIE IN
TITLE	VD
NAME	WAXMAN, ROBERT
STREET ADDRESS	3755 CHEROKEE VILLA LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PD
NAME	DUCHOVNAY, GERALD
STREET ADDRESS	623 MINK DR
CITY-ST-ZIP	GREENVILLE TX
TITLE	TD
NAME	NELSON, RENWICK T
STREET ADDRESS	3765 MIDDLEPORT LANE
CITY-ST-ZIP	ROCKY RIVER OH
TITLE	VD
NAME	TELOTTE, J. P.
STREET ADDRESS	3760 W COOPER LK DR
CITY-ST-ZIP	SMYRNA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	3938 Barcelona Ave.
54 CITY-ST-ZIP	JACKSONVILLE, FL 32207
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald Duchovnay / GERALD DUCHOVNAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 FEB 1995

(95) 450-1333