

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

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
January 1, 1996
Department of State, Room 3000, Tallahassee, Florida 32301

**APPROVED
AND
FILED**

95 APR 28 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000002183 (1)

1. PRINTCO HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or changed	3a. Date of Last Report
04/27/1994	
4. FID Number	Applied For
22-3001638	Not Applicable
5. Certificate of Status, Deceased	\$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	

2. Principal Office of Business	2a. Mailing Address
21. Suite Apt. # etc.	26. Suite Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	
UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH STREET, STE 300 NORTH MIAMI BEACH FL 33162	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.0302 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 Sections 607.0302, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PDS FISHER, ELMER F	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	9355 BALADA STREET	2. NAME	
CITY & STATE	CORAL GABLES FL	3. NAME	
NAME	AS	4. NAME	
STREET ADDRESS	1633 BROADWAY	5. NAME	
CITY & STATE	NEW YORK NY	6. NAME	
NAME		7. NAME	
STREET ADDRESS		8. NAME	
CITY & STATE		9. NAME	
NAME		10. NAME	
STREET ADDRESS		11. NAME	
CITY & STATE		12. NAME	
NAME		13. NAME	
STREET ADDRESS		14. NAME	
CITY & STATE		15. NAME	

14. I, the undersigned, certify that the information submitted with this filing is truthfully furnished and does not qualify for the exemption stated in Section 199.03(9)(b), Florida Statutes. I do hereby certify that the information submitted on this report of change of registered office or registered agent 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 this corporation or the registered office or business empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95