

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 21 PM 12:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J00405 (7)

1. Corporation Name

SPEEDY OFFICE SUPPLY & PRINTING CO., INC.

Principal Place of Business

Mailing Address

**6141 W. SUNRISE BLVD.
PLANTATION FL 33313**

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PLANTATION FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1986

3a. Date of Last Report

08/12/1994

4. FEI Number

59-1766922

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 insurance tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHECHTER, JEROME R.
614 SOUTH FEDERAL HIGHWAY
SUITE 200
FT. LAUDERDALE FL 33313**

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 State of residence)

(NOTE: Registered Agent signature required when new state)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS (If any)

TITLE	PD
NAME	HOLSCHAUER, REUBEN
STREET ADDRESS	6141 W SUNRISE BLVD.
CITY - ST - ZIP	SUNRISE FL
TITLE	D
NAME	HOLSCHAUER, ELLEN
STREET ADDRESS	6141 W SUNRISE BLVD.
CITY - ST - ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY - ST - ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY - ST - ZIP	
22. TITLE	☐ Change ☐ Addition
23. NAME	
24. STREET ADDRESS	
25. CITY - ST - ZIP	
26. TITLE	☐ Change ☐ Addition
27. NAME	
28. STREET ADDRESS	
29. 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)(b), 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 owner 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:

Reuben Holschauer
Ellen Holschauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/95

305-581-2611