

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J58088

(2)

1. Corporation Name

TRIPLE L PRESS, INC.



Principal Place of Business

1924 PREMIER ROW
ORLANDO FL 32809
US

Mailing Address

% ROBERT LEYRER
PO BOX 560026
ORLANDO FL 32856-0026
US

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

LEYRER, ROBERT
299 W PINELOCH AVE
ORLANDO FL

3. Date Incorporated or Qualified

02/20/1987

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2772714

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 intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.064(2) and 607.1503, 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 I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.060(1), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Agent for Service

Signature of Secretary or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
DP	LEYRER, ROBERT	299 PINELOCH AVE.	ORLANDO FL	☐
DVT	LEYRER, RENE	299 PINELOCH AVE.	ORLANDO FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY - ST - ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY - ST - ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY - ST - ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY - ST - ZIP	☐ Change	☐ Addition
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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 199.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE: *Rene J. Leyrer* Rene J. Leyrer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-96

407-857-24 00
Dept. - Finance

CR2E034 (12/95)