

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M26468** (2)  
1. Corporation Name  
**PIRONE TYPE & GRAPHICS, INC.**



Principal Place of Business  
**15200 NW 60 AVE  
MIAMI LAKES FL 33014**

Mailing Address  
**15200 NW 60 AVE  
MIAMI LAKES FL 33014**

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 **3850 S.W. 136 AVENUE**  
27 Suite, Apt. #, etc  
28 **MIRAMAR, FL**  
29 Zip  
30 **U.S.A.**

3. Date Incorporated or Qualified  
**01/27/1986**

3a. Date of Last Report  
**03/10/1995**

4. FEI Number  
**59-2691323**

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

9. Name and Address of Current Registered Agent  
**PIRONE, CARL  
1793 S.W. 83RD PLACE  
MIRAMAR FL 33025**

10. Name and Address of New Registered Agent  
81 Name **PIRONE, CARL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3850 S.W. 136 AVENUE**  
83  
84 City **MIRAMAR** FL 85 Zip Code **33027**

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

*Carl Pirone*

7-24-96

Signature (Typed or Printed Name of Registered Agent and Title if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	PIRONE, CARL	1793 S.W. 83 PLACE	MIRAMAR FL	<input type="checkbox"/>
ST	PIRONE, CARL	947 NE 149 STREET	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
P	PIRONE, CARL	3850 S.W. 136 AVE.	MIRAMAR, FL 33027	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	PIRONE, PATRICIA JANE	3850 S.W. 136 AVENUE	MIRAMAR, FL 33027	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carl Pirone*

7-24-96 (954) 436-0226

DATE

TELEPHONE #

CR2E034 (3/96)