

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M46394** (6)

1. Corporation Name

THE PRINT SHOP, INC.



Principal Place of Business

**302 ANSIN BLVD.
HALLANDALE FL 33009**

Mailing Address

**302 ANSIN BLVD.
HALLANDALE FL 33009
US**

2. Principal Place of Business

2a. Mailing Address

21 **430 ANSIN BLVD.**

26 **430 ANSIN BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE D**

27 **SUITE D**

City & State

City & State

23 **HALLANDALE, FL**

28 **HALLANDALE, FL**

Zip

Country

Zip

Country

24 **33009**

25 **USA**

29 **33009**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/11/1987

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2765260

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

**MILLER, J. W
THE PRINT SHOP, INC.
302 ANSIN BOULEVARD
HALLANDALE FL 33009**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

430 ANSIN BOULEVARD

83

SUITE D

84 City

HALLANDALE

FL

85 Zip Code

33009

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

J. Wayne Miller

Signature, typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

3-29-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD
MILLER, J. WAYNE**
STREET ADDRESS **1701 NW 120TH TERR**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE
NAME **STD
MILLER, LINDA G.**
STREET ADDRESS **1701 NW 120TH TERR**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Wayne Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96 (954) 456-5300

Date

Daytime Phone #

CR2E034 (12/95)