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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M72370 (3)

1. Corporation Name  
REPRO SUPPORT, INC.

Principal Place of Business

149 E. BROADWAY ST.  
P.O. BOX 1178  
OVEIDO FL 32765

Mailing Address

149 E. BROADWAY ST.  
P.O. BOX 1178  
OVEIDO FL 32765-8571



2. Principal Place of Business

21 1200 Solana Ave  
Suite, Apt. #, etc.  
22 Unit A

City & State  
23 Winter Park, FL

Zip Country  
24 32789 25 USA

2a. Mailing Address

26 PO Box 27ab  
Suite, Apt. #, etc.

City & State  
27 Winter Park FL

Zip Country  
28 32790 29 USA

3. Date Incorporated or Qualified

03/11/1988

3a. Date of Last Report

04/15/1996

4. FEI Number

59-2920597

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

9. Name and Address of Current Registered Agent

SCHUTTLER, DANIEL W.  
4000 WATERFRONT PARKWAY  
ORLANDO FL 32808

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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SCHUTTLER, DANIEL W  
STREET ADDRESS 4000 WATERFRONT PARKWAY  
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE

NAME SCHUTTLER, LILLIAN M  
STREET ADDRESS 4000 WATERFRONT PKWY  
CITY-ST-ZIP ORLANDO FL

TITLE ST ☐ DELETE

NAME SCHUTTLER, MARY L  
STREET ADDRESS 3010 CARMIA DR  
CITY-ST-ZIP ORLANDO 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

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 [Signature] DATE [Date]

CR2E034 (9/96)