## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

(2)

WHITEHALL PRINTING COMPANY

*******	TIAGE I THINKING OOM AND								
Principal Place of Business Mailing Address					*	- I BENNEAN IN BONEN NOON BINNE BRINN BON BINNI	Albii ololi bibli av	31  <b>0 1</b>	
4244 CORPORATE SOUARE 4244 CORPORATE SQUARE NAPLES FL 34104 NAPLES FL 33942 US			E		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/10/1984				
2, Principal Place of Business 2a, Mailing Address						4. FEI Number		pplied For	
21 26					36-2420248	<del></del>	lot Applicable		
		Suite, Apt. #, etc.					. CO 75	Additional	
22 27						5. Certificate of Status Desired	Fee P	Required	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28			<u>.</u> .	Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip [	_ Cou	intry		8. This corporation owes or has paid the			
24		25   29   30   Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
	<del></del>	uehisteren Want		81	Name	10. Name and Address of New Prograte	ed Agent		
HIRSCH, EMIL G 4244 CORPORATE SQUARE SUITE B				62		ress (P.O. Box Number is Not Acceptable)			
NAPLES FL 34104				63					
				84	City		-L	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 registrorid agont and title if applicable (NOTE: Registered Agent signature required when reinstating)  OATE									
12. OFFICERS AND DIRECTORS			13.				RS IN 12		
TITLE	PTD	DELETE DELETE		A TITLE		Change	Addition		
NAME	HIRSCH, MYRON A.		1.2 NAME						
STREET ADDRESS	ADDRESS 4244 CORPORATE SQUARE		1.3 \$1	1.3 STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL		1.4 CITY - ST - ZIP		- ZIP				
TITLE	VSD DELETE		2.1 111	2.1 TITLE			Change	Addition	
NAME	HIRSCH, EMIL G.		2.2 NAME						
STREET ADDRESS	4244 CORPORATE SQUARE		2.3 ST	2.3 STREET ADDRESS				1	
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			·		
TITLE	VD DELETE		1	3.1 TATLE			L. Change	☐ Addition	
NAME	HIRSCH, HARRIET			3.2 NAME					
STREET ADDRESS	4244 CORPORATE SQUARE			3.3 STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL	TT NECES	_	ITY - ST	I-ZIP		17.0	A 1000	
TITLE	VD DELETE			4.1 TITLE			L Change	Addition	
NAME	HIRSCH, JEFFREY W.		4.2 N						
STREET ADDRESS	4244 CORPORATE SQUARE		4.3 ST	REET A	ADDRESS				

14. I 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 of 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 acchment with an address.

5.1 TITLE

5 2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

DELETE

DELETE

EMIL G.HIRSCH 2-16-98

Addition

Addition

Change

**FILED** 

Feb 26 1998 8:00am

Secretary of State