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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 JAN 20 PM 1:43

DOCUMENT # **P93000008429 (1)**

1. Corporation Name

A LASER PRINTER SERVICE, INC.

Principal Place of Business	Mailing Address
9610 W DAFFODIL LANE MIRAMAR FL 33025	P. O. BOX 5790 HOLLYWOOD FL 33083-5790 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1993	3a. Date of Last Report: 02/01/1994
4. FEI Number: 65-0388050	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3150 CALLE LARGO	26 P.O. Box 5790
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 City & State: Hollywood	28 City & State: Hollywood FL
24 Zip: 33021 25 Country: BROWARD	29 Zip: 33083-5790 30 Country: US

9. Name and Address of Current Registered Agent

~~SEIDE, M. J~~
~~9610 W. DAFFODIL LANE~~
~~MIRAMAR FL 33025~~

10. Name and Address of New Registered Agent

81 Name: M J SEIDE
82 Street Address (P.O. Box Number is Not Acceptable): 3150 CALLE LARGO
83
84 City: Hollywood FL 85 Zip Code: 33021

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: M J SEIDE Pres. — DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when mailed/fax)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT / DIRECTOR ☑ Change ☐ Addition
NAME	SEIDE, M. J	12 NAME	M J SEIDE
STREET ADDRESS	~~9610 W. DAFFODIL LANE~~	13 STREET ADDRESS	3150 CALLE LARGO
CITY-ST-ZIP	~~MIRAMAR FL~~	14 CITY-ST-ZIP	Hollywood FL 33021
TITLE	D	21 TITLE	V. PRES / DIRECTOR ☐ Change ☑ Addition
NAME	SEIDE, M J	22 NAME	MARTHA JACOBSON PHD
STREET ADDRESS	~~0610 W DAFFODIL LANE~~	23 STREET ADDRESS	3150 CALLE LARGO
CITY-ST-ZIP	~~MIRAMAR FL 33025~~	24 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: M J SEIDE — 1-15-95 — 305-447-7554
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0420101 FR