

**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 # P93000041640 (2)

1. Corporation Name

A. FELDMAN QUALITY PRINTERS, INC.



Principal Place of Business

Mailing Address

100 GLEASON ST  
DELRAY BEACH FL 33483  
US

100 GLEASON ST  
DELRAY BEACH FL 33483  
US

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/07/1993

3a. Date of Last Report

06/14/1995

4. FEI Number

65-0416775

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

FELDMAN, A  
100 GLEASON ST  
DELRAY BEACH FL 33483

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

Sign in type or print name of registered agent (if applicable)

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12. NAME
STREET ADDRESS	13. STREET ADDRESS
CITY-ST-ZIP	14. CITY-ST-ZIP
TITLE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22. NAME
STREET ADDRESS	23. STREET ADDRESS
CITY-ST-ZIP	24. CITY-ST-ZIP
TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32. NAME
STREET ADDRESS	33. STREET ADDRESS
CITY-ST-ZIP	34. CITY-ST-ZIP
TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42. NAME
STREET ADDRESS	43. STREET ADDRESS
CITY-ST-ZIP	44. CITY-ST-ZIP
TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52. NAME
STREET ADDRESS	53. STREET ADDRESS
CITY-ST-ZIP	54. CITY-ST-ZIP
TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62. NAME
STREET ADDRESS	63. STREET ADDRESS
CITY-ST-ZIP	64. CITY-ST-ZIP

DELETE

DPT  
FELDMAN, A  
100 GLEASON ST  
DELRAY BEACH FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)