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

PROFIT CORPORATION ANNUAL REPORT



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

MNUAL							
1996							

DOCUMENT # P93000041640 (2)

## A. FELDMAN QUALITY PRINTERS, INC.

Principal Place of Business Mailing Address								
100 GLEAS DELRAY BE	on St Each Fl 33483	100 Gleason St Delray Beach FL 33	3483					
US		US	US		3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1993 06/14/1995			
F 1 '	Plane of Business	2a. Mailing Address			4. FEI Number	**	ļ <b>+</b>	Applied For
<b>21</b>     Suite, Apt		Suite, Apt. #, etc.			65-0416775			Not Applicable
22	( · · · · · · · · · · · · · · · · · · ·	27			5. Certificate of Status Desired		•	5 Additional Required
Oity & Sta	de	City & State	<del></del>		6. Election Campaign Financing		\$5.0	0 May Be
23	To the second se	28	-T		Trust Fund Contribution			d to Fees
24 24	Country <b>25</b>	29]			8. This corporation has liability for i		under s	199.032,
	9. Name and Address of Cu	L1			10. Name and Address of New Registered Agent			
· ·		The second secon	81	Name				
FELDM			82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)		<del></del>
l	LEASON ST				·			·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··
DELRA	Y BEACH FL 33483		83					
			84	City		FL	85 Z	p Code
ds registi	ered agent, or both, in the State of F with, and accept the obligations of, \$ Strains typic or producing or resi-	llorida. Such change was authoriz Section 607.0505, Florida Statute:	zed by the corpo	oration's boa	oration submits this statement for the pur and of directors. I hereby accept the appoint	DATE	egisterec	d agent. I am
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND D	DIRECTO	ORS IN 12
*111.5	DPT	☐ DECETE	1 1 TITLE				Change	☐ Addition
NAME	FELDMAN, A		12 NAME 13 STREET ADDRESS					
STREET ADDRESS	100 GLEASON ST DELRAY BEACH FL							
CHY-ST-ZIP THEF	DECIMI DENOTITE	DELETE	14 CHY-ST 2 1 THLE	! - ZIP		רו	Change	☐ Add₁tion
NAME		<b>L.</b> ,	2.2 NAME				o la la	
STREET ADORESS			23 STREET	ADDRESS				
CIEY SE ZIO			24 CHTY - ST	I - ZIP				
TIPLE		DECETE	3 1 THILE				Change	Addition
NAME Concert accounts of			3.2 NAME	*0.000.00				
STREET ACCIDESS OUT STIZE	`		33 STREFT 34 CIFY-S					
TIFLE		DELETE	4 1 TITLE	1 - 21*			Change	Addition
NAME			4.2 NAME					_
STREET ADORESS	i l		4 3 STREET	ADDRESS				
CHY S1 ZIII			4.4 CHY-S	r- ZIP				
300 f		☐ DELETE	5 1 THILE				Change	Add-tion
NAME concursor source			52 NAME					
SPREEL ADDRESS	1		5.3 STREET					
CHY ST ZIF		[] DELFTE	6 1 TITLE	- / IP			Change	☐ Addition
NAMI			6.2 NAME				o-in-igo	7.00(100)
STREET ADDRESS	1		63 STREFT	ADDRESS				
CHY ST ZIE			6.4 CHTY - S1					
certify the oath, that	etry certify that the information supplicat the information indicated on this and familiar an officer or director of the committee that the original familiar property of the original familiar than section of the original familiary or the original familiar than section of the original familiary or the original familiary or the original familiary or than section of the original familiary or the original familia	annual report or supplemental and prografion or the redeiver or trusts	nual report is tru se empowered t	not qualify to and accura e and accura e execute the	for the exemption stated in Section 119. ate and that my signature shall have the is report as required by Chapter 607, Fix	07(3)(k), Florio same legal e orida Statutes	da Statu ffect as i s; and th	tes. I further if made under iat my name

SIGNATURE:

SIGNATURE AND TYPED OF HINTED NAME OF SIGNING OF ICER OR DIRECTOR

Daytinie Phone #