

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000044482 (6)

1. Corporation Name PRINTER'S AID, INC.



Principal Place of Business 5720 CRENSHAW ST. SUITE I TAMPA FL 33634 Mailing Address 5720 CRENSHAW ST. SUITE I TAMPA FL 33634

3. Date Incorporated or Qualified 07/01/1993 3a. Date of Last Report 04/28/1995 4. FEI Number 59-3191186 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 21 2a. Mailing Address 26 Suite, Apt. #, etc. 22 27 City & State 23 28 Zip 24 25 Country 29 30

9. Name and Address of Current Registered Agent FREDERICK, THOMAS W 5720 CRENSHAW ST. SUITE I TAMPA FL 33634

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 date if applicable NOTE: Registered Agent signature required when reinstating DATE

Table with 5 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City-St-Zip, and a Delete checkbox.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City-St-Zip, and checkboxes for Change and Addition.

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: THOMAS W. FREDERICK Thomas W. Frederick

2-26-96 (813) 886-3344

CR2E034 (12/95)