

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000094190 (3)

1. Corporation Name

SUPERIOR TYPESET & DESIGN, INC.



Principal Place of Business

2888 NW 24TH WAY
BOCA RATON FL 33431

Mailing Address

2888 NW 24TH WAY
BOCA RATON FL 33431

3. Date Incorporated or Qualified

12/29/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 8255 VIA BELLA

26 8255 VIA BELLA

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 BOCA RATON FL

28 BOCA RATON FL

Zip

Country

Zip

Country

24 33496

25 USA

29 33496

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROHAN, LOIS

2888 NW 24TH WAY

BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

City BOCA RATON

FL

85 Zip Code 33496

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 below of registered agent and the filer (if applicable)

(NOTE: Registered Agent Signature is required when new state(s))

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME D ROHAN, LOIS
STREET ADDRESS 2888 NW 24TH WAY
CITY - ST - ZIP BOCA RATON FL 33431

☐ DELETE

TITLE
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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

Lois Rohan LOIS ROHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/96

407/483-8845

CR2E034 (12/95)