

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 # P95000035569 (9)

1. Corporation Name

PREFERRED PRINTING AND COPY, INC.



Principal Place of Business

Mailing Address

191 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

191 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

2. Principal Place of Business

2a. Mailing Address

21 231 E COMMERCIAL BLVD.

26 231 E. COMMERCIAL BLVD

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0210946

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

City & State

City & State

23 FT LAUDERDALE, FLA.

28 FT LAUDERDALE FLA.

Zip

Country

Zip

Country

24 33334

25 BWP.

29 33334

30 BWO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, GEORGE
191 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

81 Name JOHNSON GEORGE

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

231 E. COMMERCIAL BLVD

83

84 City FT. LAUDERDALE

FL

85 Zip Code 33334

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 board of directors

(If not, Registered Agent Signature required with consent of the corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME PINKOWSKY, EDWARD
STREET ADDRESS 16281 KEYLINE BLVD
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date 5/1/96

851-5640

CR2E034 (12/95)