

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90055 001 \*\*\*150.00

DOCUMENT # V51578 ✓

1. Corporation Name  
Typeline, Inc.  
6331 N.E. 15th Avenue  
Ft. Lauderdale, FL 33334

Principal Place of Business Mailing Address  
6331 N.E. 15th Ave. P.O. Box 1932  
Ft. Lauderdale, FL 33334 Pompano Beach, FL 33060

3. Date Incorporated or Qualified 7/17/92 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 same as above 26 same as above  
Suite, Apt. #, etc.

4. FEI Number 65-0344347  
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip 28 Zip  
Country Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Susan M. Massinger  
6331 N.E. 15th Avenue  
Ft. Lauderdale, Florida 33334

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 *Susan M. Massinger*  
Signature, typed or printed name of registered agent and title if applicable.

4/29/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President  
NAME Glenn H. Massinger ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Glenn H. Massinger  
1.3 STREET ADDRESS 6331 N.E. 15th Avenue  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE Secretary/Treasurer  
NAME Susan Massinger ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition  
2.2 NAME Susan Massinger  
2.3 STREET ADDRESS 6331 N.E. 15th Avenue  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Susan M. Massinger*

(954) 267-9762

4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0314203

CR2E034 (9/96)