

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

**FILED**  
**Apr 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 314327 (8)**  
 1. Corporation Name  
**OXFORD THERMOGRAPHY AND ENGRAVING COMPANY**



Principal Place of Business Mailing Address

**% AMY D. OXFORD**  
**5689 LITTLE OAK TR.**  
**STONE MOUNTAIN GA 30087**

**% AMY D. OXFORD**  
**5689 LITTLE OAK TR.**  
**STONE MOUNTAIN GA 30087-2976**

3. Date Incorporated or Qualified **03/01/1967** 3a. Date of Last Report **05/06/1996**

4. FEI Number **59-1208686** 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**

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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**FERNANDEZ, RICHARD M. ESQ.**  
**11077 BISCAYNE BLVD.**  
**PENTHOUSE SUITE**  
**MIAMI FL 33161**

10. Name and Address of New Registered Agent

81. Name **GRIFFIN REALTY, INC.**

82. Street Address (P.O. Box Number is Not Acceptable) **2050 CORAL WAY, SUITE #305**

83.

84. City **MIAMI** FL 85. Zip Code **33145**

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]* **JAN R. GRIFFIN, President** DATE **4-8-97**

12. OFFICERS AND DIRECTORS

|                 |                                |                                 |
|-----------------|--------------------------------|---------------------------------|
| TITLE           | <b>ST</b>                      | <input type="checkbox"/> DELETE |
| NAME            | <b>OXFORD, AMY DEWBERRY</b>    |                                 |
| STREET ADDRESS  | <b>5689 LITTLE OAK TR.</b>     |                                 |
| CITY - ST - ZIP | <b>STONE MOUNTAIN GA 30087</b> |                                 |
| TITLE           | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>OXFORD, AMY DEWBERRY</b>    |                                 |
| STREET ADDRESS  | <b>5689 LITTLE OAK TR.</b>     |                                 |
| CITY - ST - ZIP | <b>STONE MOUNTAIN GA 30087</b> |                                 |
| TITLE           |                                | <input type="checkbox"/> DELETE |
| NAME            |                                |                                 |
| STREET ADDRESS  |                                |                                 |
| CITY - ST - ZIP |                                |                                 |
| TITLE           |                                | <input type="checkbox"/> DELETE |
| NAME            |                                |                                 |
| STREET ADDRESS  |                                |                                 |
| CITY - ST - ZIP |                                |                                 |
| TITLE           |                                | <input type="checkbox"/> DELETE |
| NAME            |                                |                                 |
| STREET ADDRESS  |                                |                                 |
| CITY - ST - ZIP |                                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **AMY DEWBERRY OXFORD** DATE **2/13/97** DAYTIME PHONE # **770-279-7719**

CP2E034 (9/96)