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 # **G88319** **(0)**

1. Corporation Name

PALM BEACH GRAPHICS, INC.

Principal Place of Business
945 W 15TH STREET
RIVIERA BCH. FL 33404

Mailing Address
945 W 15TH STREET
RIVIERA BCH. FL 33404

3. Date Incorporated or Qualified: **03/01/1984**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2501788** 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

9. Name and Address of Current Registered Agent

LAFFLER, RALPH H.
23 CAYMAN PL
PALM BEACH FL 33418

10. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	☐ DELETE
NAME	LAFFLER, RALPH H.	
STREET ADDRESS	23 CAYMAN PL	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	☐ DELETE
NAME	BUTLER, ROGER S.	
STREET ADDRESS	6 EMARITA WAY	
CITY-ST-ZIP	STUART FL	
TITLE	PD	☐ DELETE
NAME	ALBANESE, MICHAEL	
STREET ADDRESS	1918 JUNO ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	ST	☐ DELETE
NAME	MARTINELLI, LAWRENCE	
STREET ADDRESS	9788 JONQUIL CIR	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VP	☐ DELETE
NAME	ALBANESE, TAMRA	
STREET ADDRESS	2102 PIN OAK COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	STD	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VPD	☒ 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)(x), 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: L. Martinelli 4/30/96 407-848-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
L. MARTINELLI

CR2E034 (12/95)