

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33404-6719**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1984	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2501788	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFFLER, RALPH H.	1.2 NAME	
STREET ADDRESS	23 CAYMAN PL	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, ROGER S.	2.2 NAME	
STREET ADDRESS	6 EMARITA WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBANESE, MICHAEL	3.2 NAME	
STREET ADDRESS	1918 JUNO ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINELLI, LAWRENCE	4.2 NAME	
STREET ADDRESS	9788 JONQUIL CIR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GARDENS FL	4.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBANESE, TAMRA	5.2 NAME	
STREET ADDRESS	2102 PIN OAK COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D LAFFLER, BERNICE C.
STREET ADDRESS		6.3 STREET ADDRESS	150 GREEN POINT CIR
CITY - ST - ZIP		6.4 CITY - ST - ZIP	PALM BEACH GARDENS FL

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:

Ralph H. Laffler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH H. LAFFLER

Date

4/28/97

Daytime Phone #

561-848-8989

0207306

CR2E034 (9/96)