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

PROFIT

SIGNATURE:

CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J88747 (7) FUSION GRAPHICS, INC. Principal Place of Business Mailing Address 11950 W. DIXIE HWY. 11950 W. DIXIE HWY. N. MIAMI FL 33161 N MIAMI FL 33161 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1987 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable 65-0010993 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution 28 Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 30 Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLODNY, MICHAEL 2000 W COMMERCIAL BLVD Street Address (P.O. Box Number is Not Acceptable) **STE 232** 83 FT LAUDERDALE FL 33309 84 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10/97 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Addition TITLE President KevinJ BOGUZNY NAME BOGUSKY, KEVIN J. 1.2 NAME ← DIXIE HMY #D 11950 W. DIXIE HWY., #D 11950 W. STREET ADDRESS 1.3 STREET ADDRESS 33161 N. MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME BOOUSKY, SUSAN F. 2.2 NAME STREET ADDRESS 410 NE 143RD ST .--23 STREET ADORESS N. MIAMI FL-CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE MILE **BOGUSKY, STEVEN E** 3.2 NAME NAME STREET ADDRESS 2082 NE 174 STREET 3.3 STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-7IP CITY-ST-ZIP 14. I 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 13 if changed, or on an attachment with an address.

KOVIN J. BOGKSKV-2/3-98

FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1998 8:00am