

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

95 MAY -1 4 10: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Tallahassee, Florida  
Tallahassee, Florida

DOCUMENT # **M45114**

(9)

NSK GRAPHICS, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Address: C/O NORMAN L. KELLEHER  
731 SWAN AVE.  
MIAMI SPRINGS FL 33166

Mailing Address: C/O NORMAN L. KELLEHER  
731 SWAN AVE.  
MIAMI SPRINGS FL 33166

3. Date Incorporated or Created <b>01/21/1987</b>	3a. Date of Last Report <b>08/08/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Finance/Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.032, Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Office City, State & Zip	26. Mailing Address City, State & Zip
22. Number of Shares	27. State of Incorporation
23. City, State & Zip	28. City, State & Zip
24. Name	29. City, State & Zip

9. Name and Address of Current Registered Agent

**KELLEHER, NORMAN L.  
731 SWAN AVE.  
MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>

11. Pursuant to the provisions of the Home Rule and Local Government 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 the Home Rule and Local Government Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	NAME AND ADDRESS	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD KELLEHER, NORMAN L. 731 SWAN AVE. MIAMI SPRINGS FL</b>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE & ZIP		CITY, STATE & ZIP	
OFFICER	NAME AND ADDRESS	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD KELLEHER, SHIRL C. 731 SWAN AVE. MIAMI SPRINGS FL</b>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE & ZIP		CITY, STATE & ZIP	
OFFICER	NAME AND ADDRESS	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE & ZIP		CITY, STATE & ZIP	
OFFICER	NAME AND ADDRESS	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE & ZIP		CITY, STATE & ZIP	

14. I, the undersigned, certify that this information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statute. Further, I certify that the information is included on this annual report or supplementary annual report as 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 person or business empowered to execute this report as required by Chapter 199, Florida Statute, and that my name appears as Director of NSK Graphics, Inc. hereon, or on an attached sheet with an address.

SIGNATURE: *Norman L. Kelleher* PRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 305 887-3435