

**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 # **M57160 (7)**

1. Corporation Name  
**DRAFTING INK, INC.**



Principal Place of Business: **5824A SWORDFISH CT TAMARAC FL 33319-3212**  
Mailing Address: **5824A SWORDFISH CT TAMARAC FL 33319-3212**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/11/1987</b>	3a. Date of Last Report <b>01/23/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number <b>65-0003895</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country			30. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SILVERMAN, JEFFREY J.</b> <b>5824 SWORDFISH COURT</b> <b>TAMARAC FL 33319</b>				81. Name	<b>Laura Silverman</b>		
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>5824 Swordfish Ct</b>		
				83. City	<b>Tamarac</b>		
				84. State	<b>FL</b>	85. Zip Code	<b>33319</b>

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: *Laura Silverman* *Laura Silverman* *2/20/96*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PTS</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SILVERMAN, JEFFREY J.</b>			1.2 NAME	<b>Laura Silverman</b>		
STREET ADDRESS	<b>5824 SWORDFISH CT.</b>			1.3 STREET ADDRESS	<b>5824 Swordfish Ct</b>		
CITY-ST-ZIP	<b>TAMARAC FL</b>			1.4 CITY-ST-ZIP	<b>Tamarac, FL 33319</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SILVERMAN, JEFFREY J.</b>			2.2 NAME			
STREET ADDRESS	<b>5824 SWOROFISH CT.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMARAC FL</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Laura Silverman* *2/20/96* *954-726-3904*

CR2E034 (12/95)