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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031965 (5)
1. Corporation Name
TEAM SPIRIT GRAPHICS, INC.

Principal Place of Business: 1630H BAINBRIDGE RD TALLAHASSEE FL 32303 US
Mailing Address: 1630H BAINBRIDGE RD TALLAHASSEE FL 32303 US

2. Principal Place of Business (21-23), 2a. Mailing Address (26-28), 24. Zip (24-25), 29. Country (29-30)

3. Date Incorporated or Qualified: 05/03/1993
3a. Date of Last Report: 09/30/1996
4. FEI Number: 59-3184780
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
HERTZBERG, TODD F
1013 MAGNOLIA DR
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LEROUX, L. WAYNE | |
| STREET ADDRESS | 1335 FALLSMEAD CT | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LEROUX, DARREN R | |
| STREET ADDRESS | 1335 FALLSMEAD CT | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LEROUX, BARBARA L. | |
| STREET ADDRESS | 1335 FALLSMEAD CT. | |
| CITY-ST-ZIP | OLDSMAR FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | STANSBURY, TODD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 3580 SEDONA LOOP | |
| 1.3 STREET ADDRESS | TALLAHASSEE, FL 32308 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | MENDOZA, KIFF | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 2810 ST. LEONARD DR. | |
| 2.3 STREET ADDRESS | TALLAHASSEE, FL 32312 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | SULLIVAN, SHANNON | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 226 DAY ST. | |
| 3.3 STREET ADDRESS | TALLAHASSEE, FL 32304 | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | 400002167604--0 | |
| 4.3 STREET ADDRESS | -05/06/97--01075--020 | |
| 4.4 CITY-ST-ZIP | ****165.00 ****165.00 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

A. Chan
5/1/97

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: TODD STANSBURY Date: 4-30-97 Daytime Phone #: 904-425-1966

CR2E034 (9/96)