

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000067916 (4)**

1. Corporation Name
GRAPHIC DESIGNS INTERNATIONAL, INC.



Principal Place of Business 3167 SE SLATER STREET STUART FL 34997 US	Mailing Address P.O. BOX 2431 STUART FL 34995 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3161-3 SE SLATER ST Suite, Apt. #, etc. 22 City & State 23 STUART FL Zip 24 84997 Country 25 MARTIN		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 09/12/1994	
		4. FEI Number 65-0517545		Applied For Not Applicable	
		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent HOLT, MARGARET 3167 SE SLATER STREET STUART FL 34997				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3161 SE SLATER ST. 83 84 City STUART FL 85 Zip Code 34997	
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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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	D	HOLT, MARGARET	1490 E 13 STREET STUART FL 34996				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	D	HOLT, VALGENE	1490 E 13 STREET STUART FL 34996				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Holt* **MARGARET HOLT, Pres 4-15-98 561-287-0000**

CR2E034 (10/97)