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Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000045753 (6)  
1. Corporation Name  
SILICONE GRAPHICS & DESIGN, INC.



Principal Place of Business: 8636 MIRAMAR BLVD, MIRAMAR FL 33025  
Mailing Address: 8636 MIRAMAR BLVD, MIRAMAR FL 33025-2006

3. Date Incorporated or Qualified: 05/22/1996  
3a. Date of Last Report  
4. FEI Number: 65-0673738  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: DRUMMOND, COURTNEY, 8636 MIRAMAR BLVD, MIRAMAR FL 33025  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | D                         | <input type="checkbox"/> DELETE |
| NAME           | WELCH, RICHARD            |                                 |
| STREET ADDRESS | 6276 NW 186TH ST, APT 202 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33015            |                                 |
| TITLE          | D                         | <input type="checkbox"/> DELETE |
| NAME           | WELCH, TAMMY              |                                 |
| STREET ADDRESS | 6276 NW 186TH ST, APT 202 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33015            |                                 |
| TITLE          | D                         | <input type="checkbox"/> DELETE |
| NAME           | MORRIS, DEAN              |                                 |
| STREET ADDRESS | 8636 MIRAMAR BLVD         |                                 |
| CITY-ST-ZIP    | MIRAMAR FL 33025          |                                 |
| TITLE          | D                         | <input type="checkbox"/> DELETE |
| NAME           | MORRIS, PHYLLIS           |                                 |
| STREET ADDRESS | 8636 MIRAMAR BLVD         |                                 |
| CITY-ST-ZIP    | MIRAMAR FL 33025          |                                 |
| TITLE          | D                         | <input type="checkbox"/> DELETE |
| NAME           | DRUMMOND, COURTNEY        |                                 |
| STREET ADDRESS | 5773 PEBBLE BROOK LANE    |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437    |                                 |
| TITLE          | D                         | <input type="checkbox"/> DELETE |
| NAME           | DRUMMOND, KRISTEN         |                                 |
| STREET ADDRESS | 5773 PEBBLE BROOK LANE    |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | WELCH, RICHARD          |  |
| 1.3 STREET ADDRESS | 8680 SW 212 ST APT 207  |  |
| 1.4 CITY-ST-ZIP    | MIAMI, FL 33189         |  |
| 2.1 TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | WELCH, TAMMY            |  |
| 2.3 STREET ADDRESS | 8680 SW 212 ST APT. 207 |  |
| 2.4 CITY-ST-ZIP    | MIAMI, FL. 33189        |  |
| 3.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                         |  |
| 3.3 STREET ADDRESS |                         |  |
| 3.4 CITY-ST-ZIP    |                         |  |
| 4.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                         |  |
| 4.3 STREET ADDRESS |                         |  |
| 4.4 CITY-ST-ZIP    |                         |  |
| 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    |                         |  |

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: Dean Morris DEAN MORRIS 4/9/97 9544386531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)