

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90011 050 \*\*\*150.00

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

**PROFIT CORPORATION ANNUAL REPORT**

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



**DOCUMENT # P97000013773 (1)** ✓  
 1. Corporation Name  
**WESS GRAPHICS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
~~460 COOLEY BLVD~~  
~~DEERFIELD BEACH FL 33442~~  
**416 S. Military Trail**  
**Deerfield Beach, FL 33442** ← Same

Mailing Address  
~~460 COOLEY BLVD~~  
~~DEERFIELD BEACH FL 33442~~

3. Date Incorporated or Qualified  
**02/10/1997**

2. Principal Place of Business  
 21 Subto, Apt #, etc  
 22 City & State  
 23 Zip Country

2a. Mailing Address  
 26 Subto, Apt #, etc  
 27 City & State  
 28 Zip Country

4. FEI Number  
**65-0730723**

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  
**FORBES, PHILIP H ESQ.**  
**11382 PROSPERITY FARMS ROAD**  
**SUITE 227**  
**PALM BEACH GARDENS FL 33410**

18. 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 607.0607 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>D BARNHARD, RONALD H</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>8010 NW 69TH MANOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARKLAND FL 33087</b>	1.4 CITY-ST-ZIP	
	<b>D BARNHARD, SUSAN B</b>	2.1 TITLE	
STREET ADDRESS	<b>8010 NW 69TH MANOR</b>	2.2 NAME	
CITY-ST-ZIP	<b>PARKLAND FL 33087</b>	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the individual(s) subject with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. Attached with an affidavit.

SIGNATURE \_\_\_\_\_ **4/27/99** **954-426-1801**  
 Date of Filing: 03/30/99

CR2034 (10/97)