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

FILED Apr 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S13600 (9) GRAPHIC SERVICES INTERNATIONAL, INC. Principal Place of Business Mailing Address 571 SE 11TH ST 571 SE 11TH ST POMPANO BEACH FL 33080 POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/16/1990 2. Principal Place of Business 2s. Mailing Address 4. FEI Numbe Applied For 21 26 65-0267347 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes ⊠ No 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRAIN, JANET A. **571 SE 11TH ST** 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 83 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 Signatura, typed or printed name of registered agent and the if applicable (NOTF: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change BRAIN, JANET A. NAME 1.2 NAME 571 SE 11TH ST STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TIFLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TATLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZW 4.4 City-St-ZiP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 Till E Change Addition

14. Thereby 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 of 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 chargod or on an attachment with an address.

SIGNATURE:

SIGNATURE

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62 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS