

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S39940** (9)

1. Corporation Name
FGM/FLORIDA GRAPHIX MACHINISTS CO.



Principal Place of Business: **121 DRENNEN RD ORLANDO FL 32806 US**
Mailing Address: **121 DRENNEN RD ORLANDO FL 32806 US**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **03/22/1991** 3a. Date of Last Report: **01/13/1995**
4. FEI Number: **59-3056973** 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

9. Name and Address of Current Registered Agent
**ROBINSON, GORDON J.
2821 S. HIAWASSEE RD.
ORLANDO FL 32811**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0407 and 607.1609, 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 I accept the obligations of Section 607.0409, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. NAME	PT	<input type="checkbox"/> DELETE
2. TITLE	ROBINSON, GORDON J.	
3. STREET ADDRESS	2821 S. HIAWASSEE RD.	
4. CITY, STATE, ZIP	ORLANDO FL	
5. NAME	VS	<input type="checkbox"/> DELETE
6. TITLE	STOUT, FRANCIS I.	
7. STREET ADDRESS	5320 MAGNA CARTA ST	
8. CITY, STATE, ZIP	ORLANDO FL	
9. NAME		<input type="checkbox"/> DELETE
10. TITLE		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. TITLE		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied on this statement is true and correct and does not qualify for the exemption stated in Section 119.07(5)(k), 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 of this report, or on an attachment thereto.

SIGNATURE: *Francis I. Stout* Vice President 1/16/96 407 259 3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF FILING

CR2E034 (12/95)