

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

FILED
May 19 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S39940 (9)

1. Corporation Name
FGM/FLORIDA GRAPHIX MACHINISTS CO.



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| Principal Place of Business 121 DRENNEN RD ORLANDO FL 32806 US | Mailing Address 121 DRENNEN RD ORLANDO FL 32806 US |
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DO NOT WRITE IN THIS SPACE

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|---|---|--|---|--|
| 2. Principal Place of Business 21 5320 MAGNA CARTA ST. Suite, Apt. #, etc. | 2a. Mailing Address 26 5320 MAGNA CARTA ST Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 03/22/1991 | 4. FEI Number 59-3056973 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State 23 ORLANDO, FL | 27. City & State 28 ORLANDO, FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Zip 32821 | 25. Country US | 29. Zip 32821 | 30. Country US | |

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| 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 STOUT, FRANCIS I. 82. Street Address (P.O. Box Number is Not Acceptable) 5320 MAGNA CARTA ST 83. City ORLANDO FL 85. Zip Code 32821 |
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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]* (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PT <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBINSON, GORDON J. | 1.2 NAME | STOUT, FRANCIS I. |
| STREET ADDRESS | 2821 S. HIAWASSEE RD. | 1.3 STREET ADDRESS | 5320 MAGNA CARTA ST |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | ORLANDO, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VS <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | STOUT, FRANCIS I. | 2.2 NAME | |
| STREET ADDRESS | 5320 MAGNA CARTA ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 **FRANCIS I. STOUT** *[Signature]* 4/21/98 (407) 859-3408

CR2E034 (1097)