

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. May  
Secretary of State  
1995

DOCUMENT # **860633**  
1. Corporation Name:  
**TrialGraphics Inc.**

Principal Place of Business (Mailing Address)

**155 NE 40th Street  
Miami FL 33137**

DO NOT WRITE IN THESE SPACES

3. Date of operation (2 digits) **6/13/91** 3a. Date of report **1994**

2. Principal Place of Business (21) **155 NE 40th Street** 2a. Mailing Address (26) **Same**

4. FEI Number **65-0275197**

22. City & State **Miami FL** 27. City & State **Same**

5. Certificate of Status (28)  **\$8.75 Additional Fee Required**

23. Zip **33137** 25. Country **USA** 29. Zip **Same** 30. Country **USA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under Section 193.23, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**David Stolberg  
155 NE 40th Street  
Miami FL 33137**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent of the corporation)

(Signature typed or printed name of new registered agent)

12. OFFICERS AND DIRECTORS	
TITLE	<b>President/Director</b>
NAME	<b>Steven Stolberg</b>
STREET ADDRESS	<b>3231 N 36th Street</b>
CITY, ST, ZIP	<b>Hollywood FL 33021</b>
TITLE	<b>S/D</b>
NAME	<b>David Stolberg</b>
STREET ADDRESS	<b>1561 NW 96 Ave</b>
CITY, ST, ZIP	<b>Plantation FL 33322</b>
TITLE	<b>D</b>
NAME	<b>Douglas Cohen</b>
STREET ADDRESS	<b>1423-D Druid Valley Drive</b>
CITY, ST, ZIP	<b>Atlanta GA 30324</b>
TITLE	<b>D</b>
NAME	<b>Matthew Adler</b>
STREET ADDRESS	<b>620 NE 9th Ave #5</b>
CITY, ST, ZIP	<b>Ft Lauderdale FL 33304</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	<b>700001438537</b>
1.1 STREET ADDRESS	<b>-03/24/95--01108--002</b>
1.4 CITY, ST, ZIP	<b>****200.00 ****200.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 required with this filing is voluntarily furnished and is true and correct for the records of the State of Florida. I understand that the information included on this annual report is confidential and that any corporation that has the same report filed with the State of Florida shall not be required to file an affidavit of this corporation or its officers or directors in connection with this report as required by Chapter 281, Florida Statutes, unless the name appears on Block 12 or Block 13, changed or added, in connection with this filing.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

2/20/95 365 576-5400