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May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90040 050 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000071600</b>			
1. Corporation Name <b>GRAPHIC INFLUENCE, INC.</b>			
Principal Place of Business <b>1050 N.E. 24 STREET POMPANO BEACH FL 33064</b>		Mailing Address <b>1050 N.E. 24 STREET POMPANO BEACH FL 33064</b>	
2. Principal Place of Business 21 <b>10851 HAYDN DR</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>10851 HAYDN DR</b> Suite, Apt. #, etc.	
22 City & State 23 <b>BOCA RATON FLORIDA</b> Zip Country 24 <b>33498</b> 25 <b>USA</b>		27 City & State 28 <b>BOCA RATON FLORIDA</b> Zip Country 29 <b>33498</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>VICCIONE, MARY E 1050 N.E. 24 STREET POMPANO BEACH FL 33064</b>		10. Name and Address of New Registered Agent 81 Name <b>MARYELIZABETH VICCIONE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10851 HAYDN DR</b> 83 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33498</b>	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>VICCIONE, MARY E</b> STREET ADDRESS <b>1050 N.E. 24 STREET</b> CITY-ST-ZIP <b>POMPANO BEACH FL 33064</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>P C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>MARYELIZABETH VICCIONE</b> 1.3 STREET ADDRESS <b>10851 HAYDN DR</b> 1.4 CITY-ST-ZIP <b>BOCA RATON FL 33498</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 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, with all other like empowered.

SIGNATURE:

*Mary Elizabeth Viccione*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99 561-488-8718  
Date Daytime Phone #

CR2E034 (11/98)

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