FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90212 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MENT # 137044 GRAPHICS CORPORATION								
Principal Place	e of Business	Mailing Address				T SOUTE HOURD BLIEF HOURT MONTE ALUET	AIAI AIAI: AIA	AL BUBUL BUBUL	BIQII O(BIT (BQ)
250 EAST DR. 250 EAST DR.									
SUITE H SUITE H									
WEST MELBOURNE FL 32904 WEST MELBOURI			32904			DO NOT WRITE	IN THIS S	3PACE	
US 		US				3. Date Incorporated or Qualifed 02/02/1939			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<u>`</u>	plied For
21		26				59-0164981			t Applicable
	#, etc	Suite, Apt. #, etc				5. Certificate of Status Desired	Π	_\$8.75_	
22		27				0. 00/11/04/05/07/07/07/07/07/07/07/07/07/07/07/07/07/		Fee Re	equired
City & State City & State						6. Election Campaign Financing		\$5.00	- 1
23	28					Trust Fund Contribution		Added t	to Fees
Zip	Country Zip Cou					8. This corporation owes the curren	it year Intar	ngible	_
24	25	29 3	0			Personal Property.Tax.		Yes	XINo
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent	
			81	Name					
PIER	RCE, JULIE GLOCKER ESQ.		82	Street	Addres	ss (P.O. Box Number is Not Acceptable			
1090 N. HIGHWAY A1A			02	Street	Addie	SS (F.O. DOX Hamber is Her Hosephase	٠,		
SUITE B			83						
INDIALANTIC FL 32903								Tag 7:-	
1			84	City			FL	85 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 Signature level or guited pare of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered agent		13.	nt signature	required	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE			ADDITIONAL OF THE STATE OF STATE	<u> </u>	Change	Addition
TATLE	STD								_
NAME.	BIRMINGHAM, MARY P		12 NAME		.]]
STREET ADDRESS	250 2501 20, 0002 11			T ADDRESS					
CITY-ST-ZIP	MELBOURNE FL			T-ZIP	+			[] Change	Addition
Πιε	-		2.1 TITLE						
NAME	Dittain of iran, 000Ei 11 11		2.2 NAME						
STREET ADDRESS	·	فتنه ومستهارية للأستثثث	2.3 STREE	T ADDRESS	3.				-, · ·
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP	<u> </u>			Change	Addition
TITLE	\ VPD	☐ DELETE 3.11			1			C Change	
NAME	BIRMINGHAM, EDWARD L,III		3.2 NAME						
STREET ADDRESS	250 EAST DR, SUITE H		3.3 STREE	T ADDRESS	\$				
CITY-ST-ZIP	111227		3.4. CITY-S	ST-ZIP_					
TITLE		☐ DELETE 4.1			Ì			☐ Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS	3				ĺ
CITY-ST-ZIP	4.4.0		4.4 C/TY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS		•	5.3 STREE	T ADDRESS	s				ļ
CITY-ST-ZIP			5.4 CITY-S	T- ZIP		_		_	
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition .
NAME			6.2 NAME						
CTDCCT ADOBESC			6.3 STREE	T ADDRESS	3				

CITY-ST-ZIP 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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS