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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 317568

(4)

**BOCA COLOR GRAPHICS, INC.** 

Principal Place	and Bueinnes	Mailing Address							
Principal Place of Business  140 N.W. 4TH STREET		140 N.W. 4TH STREET							
BOCA RATON FL 33432		BOCA RATON FL 33432-3826							
						3. Date Incorporated or Qualified 06/08/1967		te of Last R	eport
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Applied For		
21		26				<b>59-1166803</b> Not Applicat			
Suite, Apt	#, etc	Suite. Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
City & State	0	City & State						Fee Re	<u> </u>
23	8	28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Ziρ Country				8. This corporation has liability for it			
25		29 30				Florida Statutes  Yes  No			
	g. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	latered A	gent	
MAS	SSARELLA, JOSEPH W		8	<b>1</b> N	ame				
	65 WATER CIRCLE		82 Street Ac			ss (P.O. Box Number is Not Acceptab	le)		<del></del>
B00	CA RATON FL 33486		8:	3				<del></del>	
			8	4 6	ity			<b>85</b> Zip (	Code
							FL		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State i m familiar with, and accept the obliga	of Florida. Such change was aut	thorized t	by the	amed corpo e corporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of t the appo	changing it sintment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered ages	of and tree if any Leada (NOTE)	Dugistreed A	ment ru	goature required	when reinstating)	DATE		<del></del>
12.	OFFICERS AND			igo k u	g-satore rodulation	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	P	DELETE	1.1 TITLE					Change	Addition
NAME	MASSARELLA, MICHAEL A.		1.2 NAME	E					
STREET ADDRESS			1.3 STREET ADDRESS		RESS				
CHY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP		1			
TITLE	V	☐ DELETE	2.1 TITLE	:			į	LJ Change	Addition
NAME			2.2 NAME	2.2 NAME					
STREET ADDRESS	140 N.W. 4TH ST.		2.3 STREET ADDRESS		RESS				
CITY - ST - ZIP	BOCA RATON FL		2 4 CITY-ST-ZIP		\P				TT LANG.
TITLE	S NOUTON ANY E	DELETE	3.1 TITLE				ļ	☐ Change	Addition
NAME	MOLLICA, AMY E		3.2 NAMI						
STREET ADDRESS	BOOK BATON EL		3.3 STRE						
CITY-ST-ZIP TITLE	T	DELETE	3.4. CITY		IP			Change	Addition
NAME	MASSARELLA, EILEEN	[_] ozer.c	4. 2 NAM					L O. As Ago	
STREET ADDRESS	140 N.W. 4TH ST.		4.3 STRE		NRESS				
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY		- 1				
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAMI						
STREET ADDRESS			5.3 STRE		RESS				
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6.1 TiTLE					Change	☐ Addition
NAME			6.2 NAM	iΕ	)				
STREET ADDRESS			6.3 STRE	ET ADO	ORESS				İ

14. I do 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.

EILEEN MASSARELLA