FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name 341920

(7)

GRAPHIC PRODUCTS, INC.



Principal Place of Business Mailing Address							
1140 NW 55TH FT LAUDERDA		1140 NW 55TH ST FT LAUDERDALE FL 333	90 9				
					3. Date Incorporated or Qualified 02/20/1969	3a. Date of La 04/20/	1995
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	1	Applied For
21	26				59-1266779	Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	ntry	8. This corporation has liability or	intangible tax und	ers 199.032,
24	25	29	30			□No	
	9. Name and Address of Curre	ent Registered Agent		<u> </u>	10. Name and Address of New F	egisterea Agen	
			Ì	81 Name (HRISTOPHER P. WILL	IAN15	
COBB,ROBERT E				82 Street Addr	ess (P.O. Box Number is Not Acceptat		
1140 NW 55TH ST					514 NE 21 ST.	KEET	
FT LAUD	ERDALE FL 33309		1	83			
* *			}	84 City	/ /	 85	Zip Code 33305
			1	PAR	T LAUDERDALe	FL.	33305
11. Pursuant to	o the provisions of Sections 607.050	02 and 607 1508, Florida Statute	s, the abo	ve-named corpo	ration submits this statement for the pu and of directors. Thereby accept the acc	rpose of changing jointment as regis	jits registered onice tered agent. I am
or registere familiar with	ed agent , or both, in the State of Fic h, and accede the obligations of Se	onda Salva Cuange was abinolize otlen 801.050 4. Florida Statutes.	o by the c	orporation's coa	ration submits this statement for the pured of directors. I hereby accept the app	1 00 6	2 C
		<i>'</i> , <i>Δ × ×</i>			•	4-23-9	' b
SIGNATURE _	sunature, typic or printed name of register and	ont and title if applicable (NO	1E Registered	Agent signature require	ed when reinstating:	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
TITLE	ST	DELETE		TLE		[] UI	ange LJ Audition
NAME	Nuza, Martha M.		1.2 N	IME .			
STREET ADDRESS	2128 NE 62 ST		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			TY-ST-ZIP			FT Addition
TITLE	D	DELETE		ITLE	Change		ange Addition
NAME	WILLIAMS, SUSAN H		2.2 N	AME			
STREET ADDRESS	2807 NE 26 PLACE		2 3 \$1	IREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		240	1Y-SI-7(≏			F*** 4 3 4 5 *
TITLE	DVP			ITLE		. D CH	nange Maddition
NAME	WILLIAMS, CHRISTOPHER		3.2 N	AMÉ			
STREET ADDRESS	2807 NE 26TH PLACE		338	TREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		34C	ITY-ST-ZIP			anna [] Addison
THLE			4 1 1	TELF		□ Ct	nange
NAME			4 2 N	ame			
STREET ADDRESS			4.3 S	TREE1 ADORESS			
CITY-ST-ZIP			4.4 0	ITY-ST-ZIP			nana D Addition
TITLE	4.4			IIILE		☐ C	nange
NAME			5.2 N	IAME			
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP				OTY-ST-ZIP			hongo Addition
TITLE		DELETE	6.1	TITLE		□ c	hange
NAME			621	IAME			
STREET ADDRESS			6.3 \$	TREET ADORESS			
CITY-ST-ZIP			640	OTY-ST-ZIP		5 6 7 (0) (1) F1 1 1	Out the 14 office
3.77	A the state of the second seco	ast with this files is voluntarily for	nichori and	I does not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida	Statutes, 1 turtner

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.0/13/ile, Florida Statutes. Florida 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 cath; 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 of changed, or on an attachment with an address.

SIGNATURE: // artha / usa MHRTHH Nuza