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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 408069 (3)

1. Corporation Name

H & D GRAPHICS, INC.



Principal Place of Business

Mailing Address

950 SE 8TH ST.
P O BOX 110490
HIALEAH FL 33011

950 SE 8TH ST.
P O BOX 110490
HIALEAH FL 33011

3. Date Incorporated or Qualified

09/05/1972

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21. *same*
Suite Apt. #, etc.

26. *same*
Suite, Apt. #, etc.

4. FEI Number

59-1414202

Applied For

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STINSON JR., LOUIS
4675 PONE DE LEON BLVD.
SUITE 305
CORAL GABLES FL 33146

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

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, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME HAFF, ROBERT L. JR.

1.2 NAME

STREET ADDRESS 1105 HERON RD.

1.3 STREET ADDRESS

CITY-ST-ZIP KEY LARGO FL

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME MERGENTHAL, WAYNE

2.2 NAME

STREET ADDRESS 950 S.E. 8TH ST. P.O. BOX 110490

2.3 STREET ADDRESS

CITY-ST-ZIP HIALEAH FL

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ISRAEL, JASON

3.2 NAME

STREET ADDRESS 11222 QUAIL ROOST DRIVE

3.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME NEUBARTH, SANFORD

4.2 NAME

STREET ADDRESS 11222 QUAIL ROOST DR.

4.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME STINSON, LOUIS JR., ESQ.

5.2 NAME

STREET ADDRESS 4675 PONCE DE LEON BLVD.

5.3 STREET ADDRESS

CITY-ST-ZIP CORAL GABLES FL

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME GRABER, LAWRENCE

6.2 NAME

STREET ADDRESS 950 S.E. 8TH ST. P.O. BOX 110490

6.3 STREET ADDRESS

CITY-ST-ZIP HIALEAH FL

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/96

305-885-8707

Date

Daytime Phone #

CR2E034 (12/95)