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

CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1997			tary of State	Secretary of State				
T. Corporati	MENT # 46814 or Name ICAL GRAPHICS, INC.	5 (8)			A TEACH BURN BURN BURN BURN BURN BURN	<u> </u>		(11)) (11)
Puncipal Plu 222 FKS STRE SEBASTIAN FI US		Mailing Address P.O. BOX 780751. N/A SEBASTIAN FL 32978-0751 US						
					3- Date Incorporated or Qualified 01/02/1975		e of Last Re 4/1996	eport :
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number			plied For
21		26 Suite Asil # oto			59-1567853			t Applicable
Suite Ap	, n, GH:	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Sta	ale	City & State			6. Election Campaign Financing	prq	\$5.00	
23		28			Trust Fund Contribution		Added to	
7-p 24	Country 25	Zip 29	Coun	иу	This corporation has liability for Florida Statutes	intangible t Yes		199.032,
<u>1</u>	9. Name and Address of Curi		199		10. Name and Address of New Ro			~
	CARTHY, DOLORES			Name				
222 FIG STREET				32 Street Add	iress (P.O. Box Number is Not Accepta	ble)		· · · · · · · · · · · · · · · · · · ·
SE	Bastian FL 32958		ļ.	33				
			<u>]</u> *					
				Gity		FL	85 Zip 0	Code
office or agent T SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the ob- significate, typic or protect name of registered	ate of Florida. Such change wa digations of, Section 607.0505,	s authorized Florida Statu	by the corpora	poration submits this statement for the tition's board of directors. I hereby acce lifed when reinstaling: ADDITIONS/CHANGES TO OFFI	pt the appo	intment as	registered
12.	PO	DELETE	1.1 7070	F T	ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME:	MCCARTHY, ROBERT W.		1.2 NAM			•		
STREET ACCRESS	222 FIG STREET		1.3 STR	EET ADDRESS				
CHY ST-70	SEBASTIAN FL		1.4 CIT	Y - \$1 - ZIP				
1811	NCCAPTHY DOLODES	☐ DELETE	2.1 TITL	6		. 7	Change	Addition
NAME	MCCARTHY, DOLORES 222 FIG STREET		2.2 NAM	Į.				
STREET A HORESS CHY-ST-Z61	SEBASTIAN FL			EET ADDRESS Y-ST-ZIP				
Titt		DELETE	31 TITU				Change	Addition
NAMi			3.2 NAM	i i				
STREET ATTORESS	: [3 3 STR	EET ADDRESS		1		
CHY SI-7P				Y-\$1-ZIP			—	
111.E		DELETE	4.1 7(7)			1	Change	Addition
NAME STREET ACCURESS			4. 2 NA	ME LEFT ADDRESS				
	·		- 1	Y-ST-ZIP				
Tiful		DELETE	51 TIT				Change	Addition
NAME			5.2 NAF	AE				
STREET ADDRESS	5		5.3 STA	EET ADDRESS				
CIY SI-70P				Y-ST-ZIP				
THE		DELETE	6.1 TIEL	i			Change	Addition
NAME CONTRACTOR OF COLOR	, }		6.2 NA		.1			
STREET ASSIRESS	> 		■ 63 STP	IEET ADDRESS				

14. I do nereby 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 undor oath; that I am an officer or orector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

64 CITY-ST-ZIP

SIGNATURE: (//

FILED

Apr 03 1997 8:00am