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



FILED

Sandra B. Mortham

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COR	PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 16 1997 8:00an Secretary of State	
4.4	MENT # 5572 GRAPHICS, INC.	21	(9)		1 18 6 18 1 8 11 8 11 11 18 6 11 1 18 6 11 1	
Principal Place of Business Mailing Address 1300 ÉAST ATLANTIC BLVD POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-6745					E TESSON ANIOL MYNY NODIS SIELE ILANG INGS MIGH DYNY EIGHL GSBLS AISH BIDYT 1981	
					Date Incorporated or Qualified 01/12/1978	3a. Date of Last Report 07/11/1996
2. Principal Pi	ace of Business	2a. 26	Mailing Address		4. FEI Number	Applied For Not Applicab
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		59-1790507 5. Certificate of Status Desired	\$8.75 Additional
City & State)	[27]	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Bo
:3		28			Trust Fund Contribution	Added to Fees
Zip 4	Country	29	' tp	Country 30	This corporation has liability fo Florida Statutes	intangible tax under s. 199.032,
·	9. Name and Address of C	urrent Registe	red Agent	81 Name	10. Name and Address of New R	egistered Agent
SIGNATURE	egistered agent, or both, in the in familiar with, and accept the Signature, typed or printed manus of registe			authorized by the corpora orida Statutes.	poration submits this statement for the ation's board of directors. I hereby accu	
12.		S AND DIRECT		13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	PD PARTY I		DELETE	1.1 TOLE		Change Addition
STREET ADDRESS	WINTERS, BARRY J. 11100 N.W. 23RD COURT			1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL			14 CITY-ST-ZIP		
TITLE NAME	STD Winters, Sheila		DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	11100 N.W. 23RD COURT	•		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		DELĒTE	2.4 CITY- ST- ZIP		Change Additi
NAME			L) DELETE	3.1 TITLE 3.2 NAME		Change Additi
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Additi
NAME				4. 2 NAME		One-igo //oon
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addilio
NAME				5.2 NAME		— · • • • • · · · · · · · · · · · · · ·
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S1 - ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				63 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filling 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 embowered 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.