

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 615451 (2)

1. Corporation Name
GRAPHICS ILLUSTRATED, INC.



Principal Place of Business
1500-3 AUSTRALIAN AVE.
RIVIERA BEACH FL 33404

Mailing Address
1500-3 AUSTRALIAN AVE.
RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified 03/16/1979	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1898217	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

LAFFLER, RALPH H
23 CAYMAN PL.
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Florida address)

(If the Registered Agent is not the corporation, the name of the corporation must be stated)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	☐ Change ☐ Addition
NAME	LAFFLER, RALPH H.	1.2 NAME	
STREET ADDRESS	23 CAYMAN PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LAFFLER, RALPH T	2.2 NAME	
STREET ADDRESS	122 PARKGATE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON N.	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	SEGUIN, CAROL	3.2 NAME	
STREET ADDRESS	4274 S. LANDAR DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTINELLI, LAWRENCE	4.2 NAME	
STREET ADDRESS	9788 JONQUIL CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, ROGER S.	5.2 NAME	
STREET ADDRESS	6 EMARITA WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

L. MARTINELLI

4/30/96

Date

407-848-8489

Daytime Phone

CR2E034 (12/95)