

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 636233 (9)			
1. Corporation Name PLUS GRAPHICS, INC.			
Principal Place of Business 6400 EAST COLUMBUS DRIVE TAMPA FL 33619		Mailing Address 6400 EAST COLUMBUS DRIVE TAMPA FL 33619-1659	
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 BACON, LORRAINE A 6520 HARNEY ROAD SUITE B TAMPA FL 33610		10. Name and Address of New Registered Agent	
81 Name Darrell J. Bacon		82 Street Address (P.O. Box Number is Not Acceptable) 6400 East Columbus Drive	
83		84 City Tampa	
85 Zip Code FL 33619			
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: Darrell J. Bacon, President 4/13/97			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE VS Vice President/Secretary			
1.2 NAME David R. Bacon			
1.3 STREET ADDRESS 6400 East Columbus Drive			
1.4 CITY-ST-ZIP Tampa, FL 33619			
2.1 TITLE RT President/Treasurer			
2.2 NAME Darrell J. Bacon			
2.3 STREET ADDRESS 6400 East Columbus Drive			
2.4 CITY-ST-ZIP Tampa, FL 33619			
3.1 TITLE Vice President			
3.2 NAME Lorraine A. Bacon			
3.3 STREET ADDRESS 6400 East Columbus Drive			
3.4 CITY-ST-ZIP Tampa FL 33619			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do hereby 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 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: Darrell J. Bacon REQUIRED 4/13/97 813-620-4360			



CR2E034 (9/96)