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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)**DOCUMENT #** Corporation Name GRAPHIC BROCHURES, INC. Principal Place of Business Malino Address 140 ROLLINGWOOD TRAIL 140 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS FL 32714 **ALTAMONTE SPRINGS FL 32714** 3a. Date of Last Report 3. Date Incorporated or Qualified 01/21/1980 03/31/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1963290 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zio ☐ Yes ☑ No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KATZ. LAWERENCE J Street Acdress (P.O. Box Number is Not Acceptable) 82 340 N MAITLAND AVE 83 **STE 120** MAITLAND FL 32751 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE [NOTE Registered Agent agreeture required when recistating Signature, typed or printed name of registered agent and from tappolates. CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE TITLE ABRAMSON, DIANE 1.2 NAME NAME 140 ROLLINGWOOD TR. 1.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 1.4 CiTY - \$1 - ZiP CITY - ST - ZIP Change Adntion DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$T - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 1111.8 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - Z-P CITY - ST - ZIP Change Addition DELETE 4 1 THILE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7/P CITY-ST-Z:P ☐ Change Addition DELETE 5 1 TILLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7IP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME 6.3 SCREET ADORESS STREET ADDRESS 64 CITY-ST-7/P CITY-ST-ZIP 14. Ido 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