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May 07 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 # 656578 (2)
1. Corporation Name
GROUP 4 GRAPHICS, INC.

Principal Place of Business
13918 FLORIDA AVE. N.
TAMPA FL 33613
US

Mailing Address
P O BOX 16312
JACKSONVILLE FL 32245-6312



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1980	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1976694	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CAMEN, STUART M 9236 INVERRARY CT JACKSONVILLE FL 32256				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	FL
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CAMEN, STUART M.	1.2 NAME	
STREET ADDRESS	9236 INVERRARY CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WUENSTEL, ALICE M	2.2 NAME	
STREET ADDRESS	7001 EDENBROOK CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SEBASTIAN, JUDITH K.	3.2 NAME	
STREET ADDRESS	3000 LAND O LAKES BD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SEBASTIAN, TIMOTHY	4.2 NAME	
STREET ADDRESS	3000 LAND O LAKES BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WUENSTEL, THOMAS E.	5.2 NAME	
STREET ADDRESS	7001 EDENBROOK CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

4/29/97 (90A)737-6699

Date

Daytime Phone #

0044184

CR2E034 (9/96)