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Apr 02 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 # 679072 (9)

1. Corporation Name  
SIGNART GRAPHICS, INC.



Principal Place of Business  
1201 HAWTHORNE DR.  
SEBRING FL 33870

Mailing Address  
1201 HAWTHORNE DR.  
SEBRING FL 33870-2943

3. Date Incorporated or Qualified  
07/21/1980

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2016814	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

RHOADES, ROBERT M  
3315 N E LAKE SEBRING DRIVE  
SEBRING, FLORIDA  
33870

10. Name and Address of New Registered Agent

81 Name	RHOADES JR, ROBERT M.
82 Street Address (P.O. Box Number is Not Acceptable)	1201 HAWTHORNE DR
83	
84 City	SEBRING
85 Zip Code	FL 33870

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]* DATE: 3/26/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	P RHOADES JR. ROBT. M.
NAME	RHOADES, SHIRLEY A	1.2 NAME	1201 HAWTHORNE DR.
STREET ADDRESS	3315 NE LAKE SEBRING DR	1.3 STREET ADDRESS	SEBRING FL 33870
CITY-ST-ZIP	SEBRING, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	VP
NAME	RHOADES, ROBERT M	2.2 NAME	RHOADES SR. ROBT. M.
STREET ADDRESS	3315 NE LAKE SEBRING DR	2.3 STREET ADDRESS	1203 HAWTHORNE DR
CITY-ST-ZIP	SEBRING, FL 00000	2.4 CITY-ST-ZIP	SEBRING FL 33870
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: 3/26/97 DAYTIME PHONE: 941 385-4747

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)