SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: $155.00 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN 29 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 825792 (5)

1. Corporation Name

GRAPHIC TECHNOLOGY, INC.

****WE ARE A PROFIT CORPORATION

400001528624
-06/30/95--01068--021
****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
505 NW 65TH CT. FT. LAUD FL 33309 US	505 N.W. 65TH COURT FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 02/19/1971
3a. Date of Last Report: 06/21/1994
4. FEI Number: 52-0914242 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNETT, LIONEL 11815 HIGHLAND PLACE CORAL SPRINGS FL 33071	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 1170 N. FEDERAL HIGHWAY 84 City FT. LAUDERDALE FL 85 Zip Code 33304

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	BARNETT, LIONEL	1.2 NAME	
STREET ADDRESS	11815 HIGHLAND PLACE	1.3 STREET ADDRESS	1170 N. FEDERAL HIGHWAY
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, A. WILLIAM	2.2 NAME	400001528624
STREET ADDRESS	9553 JOEY DRIVE	2.3 STREET ADDRESS	-06/30/95--01068--022
CITY-ST-ZIP	ELLICOTT CITY MD	2.4 CITY-ST-ZIP	*****45.00 *****45.00
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	RITZ, JAMES	3.2 NAME	
STREET ADDRESS	305 CHERRY CHAPEL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	REISTERTOWN MD	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	BOWLING, MARSHALL	4.2 NAME	
STREET ADDRESS	117 TALLSHIP CLIPPER	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM SC	4.4 CITY-ST-ZIP	
TITLE	CFO	5.1 TITLE	☐ Change ☒ Addition
NAME	HOWARD M. DAY	5.2 NAME	
STREET ADDRESS	2100 S. OCEAN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	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	

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard M Day, CFO HOWARD M DAY 6-7-95 800-444-1981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000055