

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

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F13918 (0)

1. Corporation Name
SUN GRAPHIC, INC.

Principal Place of Business 1820 N.W. 21ST STREET POMPANO BEACH FL 33069	Mailing Address 1820 N.W. 21ST STREET POMPANO BEACH FL 33069-1300
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1981	3a. Date of Last Report 04/03/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 59-2050847		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip		30 Country	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent PALMER, CHARLES L. 111 E. LAS OLAS BLVD FT LAUDERDALE FL 33301		10. Name and Address of New Registered Agent	
81 Name	PALMER, CHARLES L.		
82 Street Address (P.O. Box Number is Not Acceptable)	312 S.E. 17th STREET		
83	SUITE 300		
84 City	FT. LAUDERDALE	85 Zip Code	FL 33316

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	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NICHOL, NORMAN J.	1.2 NAME	
STREET ADDRESS	5540 NORTHWEST HIGHWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	1.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, GARY	2.2 NAME	
STREET ADDRESS	5540 NORTHWEST HIGHWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	2.4 CITY - ST - ZIP	
TITLE	CEO ☐ DELETE	3.1 TITLE	CEO ☒ Change ☐ Addition
NAME	PALMER, CHARLES L.	3.2 NAME	PALMER, CHARLES L.
STREET ADDRESS	111 E. LAS OLAS BLVD.	3.3 STREET ADDRESS	312 S.E. 17th STREET, SUITE 300
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	FT. LAUDERDALE, FL. 33316
TITLE	CD ☐ DELETE	4.1 TITLE	CD ☒ Change ☐ Addition
NAME	PALMER, CHARLES L.	4.2 NAME	PALMER, CHARLES L.
STREET ADDRESS	111 E. LAS OLAS BLVD.	4.3 STREET ADDRESS	312 S.E. 17th STREET, SUITE 300
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	FT LAUDERDALE, FL. 33316
TITLE	SR ☐ DELETE	5.1 TITLE	
NAME	ROCHE, JAMES	5.2 NAME	
STREET ADDRESS	5540 NORTHWEST HIGHWAY	5.3 STREET ADDRESS	100002074451
CITY - ST - ZIP	CHICAGO IL	5.4 CITY - ST - ZIP	-01/31/97--01009--013
TITLE	SVP ☐ DELETE	6.1 TITLE	***173.75 ☐ Change ☐ Addition
NAME	STEWART, WILLIAM R	6.2 NAME	
STREET ADDRESS	1820 NW 21ST STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone: _____

CR2E034 (9/96)