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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14 1998 8:00am Secretary of State

1	MENT # F2939	3 (8)			
APOLLO GRAPHICS, INC.					
Principal Place of Business Mailing Address				I ADDITOR DIKE HADAD ADADA ANIO JOJOE DIKA DIDID O	I EDI OLOH GIGH BIBH BIBH 1691
4101 NW 10TH ST 4101 NW 10TH ST					
COCONUT CREEK FL 33066 COCONUT CREEK FL 33			33066	DO NOT WRITE IN THIS	SPACE
ĺ				3. Date Incorporated or Qualified	
				04/14/1981	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			59-2092133	Not Applicable
22 Suite, Apr.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
[Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent BACHILLO ANDDOW 81 Name					
PAOLILLO, ANDREW					
4101 NW 10TH ST COCONUT CREEK FL 33066			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
	OCCONOT CHEER PE 33000		83		
Ì			84 City		85 Zip Code
l .			,	FL	-
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered again	ANY and tale if a series of the total band to	IF: Registered Agent signature requ	irred when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAOLILLO, ANDREW		1.2 NAME		
STREET ADDRESS	4101 NW 10TH STREET		1.3 STREET ADDRESS		į
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP		
TITLE	ST PLOURING TEAMETER	☐ DELETE	2.1 TITLE		Change Addition C
NAME	PAOLILLO, JEANETTE 4101 NW 10TH STREET		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	COCONUT CREEK FL		2.3 STREET ADDRESS 2. 4 City-St-Zip		
TITLE	COCONDI CILLENTE	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		- Precit	5.2 NAME	·	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	portify that the information expelled with	th this films does not such to	6.4 City-St-ZiP	Section 119 07/3Vi) Florida Statutes I further o	ortify that the information

remercy certify that the information supplied with this filling 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 accurrate 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.

954.978-8202