

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F85900** (1)

1. Corporation Name

ADVENTURE GRAPHICS & DESIGN, INC.



Principal Place of Business

Mailing Address

1060 W SR 434
SUITE 152
LONGWOOD FL 32750

1060 W SR 434
SUITE 152
LONGWOOD FL 32750

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

29

30

Zip

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURASKO, JOSEPH M.
505 U.S. HIGHWAY 17-92, P.O. DRAWER 746
P.O. DRAWER 746
FERN PARK FL 32730

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **STD**
STREET ADDRESS **WALUKIEWICZ, LORRAINE**
CITY- ST- ZIP **1208 MARLA AVENUE**
ALTAMONTE SPR, FL 00000

1.1 TITLE Change Addition

TITLE DELETE
NAME **PD**
STREET ADDRESS **PIETRZAK, PAUL E**
CITY- ST- ZIP **548 RIDGELINE RUN**
LONGWOOD FL

1.2 NAME

TITLE DELETE
NAME **VD**
STREET ADDRESS **WALUKIEWICZ, ROGER S**
CITY- ST- ZIP **1208 MARLA AVE.**
ALTAMONTE SPRINGS FL

1.3 STREET ADDRESS

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.4 CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.2 NAME

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.3 STREET ADDRESS

SIGNATURE: *Lorraine Walukiewicz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4 CITY- ST- ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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)(k), 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.

4-8-96 407-331-4443
Date Daytime Phone

CR2E034 (12/95)