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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIV	Secretary of State SICN OF CORPORA	TiC	DNS				
DOCU 1. Corporatio	MENT # F950	0000181	4 (1)						
MAGN	NA GRAPHIC KENTUCKY,	INC.							
Principal Place	Principal Place of Business Mailing Address					-{	III fi ia a		
	2528 PALUMBO DRIVE 2528 PALUM LEXINGTON KY 40509 LEXINGTON								
		LEMINOTON	K1 40009			2 Date land at 1 2 W			
						3. Date Incorporated or Qualified 04/14/1995	3a. I	Date of Last	Report
2. Principal Pi	lace of Business	2a. Mailing Add	ress			4. FEI Number			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #	i, etc.			61-0524785		\$8.7	Not Applicable 5 Additional
City & State	e	27 City & State				5. Certificate of Status Desired			e Required
23	7.2	28				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip 24	Country 25	Zip 29	Count	ry		8. This corporation has liability for		le tax under	s 199.032,
	9. Name and Address of Curr		30			Florida Statutes Yes 10. Name and Address of New F	[] No		<u> </u>
MITCUI	ELL, CHARLES D JR		8	1	Name				
	INE CREEK DRIVE		8:	2	Street Addres	ress (P.O. Box Number is Not Acceptable)			
ORLAN	DO FL 32811		8:	3	· · · · · · · · · · · · · · · · · · ·				
			. 8	4	City			. 8 5 Z	Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florid	la Statutes, the above	-na	amed corporat	ion submits this statement for the pu of directors. I hereby accept the app	pose of	changing its	registered office
	th, and accept the obligations of, Se	orida. Such change was ection 607.0505, Florida	authorized by the cor Statutes.	por	ration's board	of directors. I hereby accept the app	ointment	as registere	d agent. I am
SIGNATURE _	Signature typed or printed name of registered ag-	ent and title if applicable	(NOTE: Registered Ag	ent s	Signature required w	rhen reinstahren	DATE		·
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			ORS IN 12
NAME	ENGLE, G. KENNEDY	☐ DEL	1.1 TITLE					☐ Change	☐ Addition
STREET ADDRESS	2528 PALUMBO DRIVE		1.3 STREE		DDRESS				
CITY-ST-ZIP TRILE	LEXINGTON KY 40509 CVT	☐ DELI	1.4 CITY-	_	ZIP				
NAME	MITCHELL, CHARLES D JR		ETE 2 1 NILE 22 NAME					☐ Change	Addition
STREET ADDRESS	2528 PALUMBO DRIVE LEXINGTON KY 40509		23 STREE	T AC	DDRESS				
TITLE	LEVINGLOW M. 40009	DELE	2 4 CHY-		ZIF				E
NAME			3.2 NAME					☐ Change	Addition
STREET ADDRESS CHTY-ST-ZiP			3.3 STREE	IA f	DDRESS				
TITLE		DELE	34 CHY-		ZIP			Channa	FT Addition
NAME			4.2 NAME		1			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			4.3 STREE		·				
TITLE		DELE	4.4 CITY - 5 TE 5 1 TITLE	ST-Z	ZIP			C) Chance	☐ Address
NAME			52 NAME					☐ Change	Addition
STREET ADDRESS			5 3 STHEE	(AD	DDRESS				
CHY-S1-ZIP TITLE			5.4 CITY - 5	S1 - Z	ZIP				
NAME		<i>b</i> (()	6.1 TITLE					☐ Change	☐ Addition
STREEL ADDRESS			63 STREET	AD(DRESS				
CITY-ST-ZIP	cordifu that the information A	Landels at the Co	6 4 CITY-S	31 - 7	71P				
certify that (oath; that [am an officer or director of the corp	l with this filing is volunta nual report or supplement oration or the receiver of on an attachment with a	r tustee empowered:	s n Je a to e	not qualify for t and accurate a execute this re	he exemption stated in Section 119.0 and that my signature shall have the seport as required by Chapter 607, Flo	7(3)(k), F same leg rida Stat	lorida Statut al effect as if utes; and tha	es. I further made under at my name
SIGNAT	JRE: X SIGNATURE AND TYPED O	OR PRINTED NAME OF SIGNIN	OFFICER OR DIRECTOR			4/13/96		Daytime Phone (