

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 # F95000003788 (5)

1. Corporation Name

SOPHISTI-GRAPHICS, INC.



Principal Place of Business

3110 HOLIDAY SPRINGS BLVS., STE 301
MARGATE FL 33063

Mailing Address

3110 HOLIDAY SPRINGS BLVS., STE 301
MARGATE FL 33063

3. Date Incorporated or Qualified
08/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2651 Rock Island Rd

26 2651 Rock Island Rd

4. FEI Number
11-3070458

Applied For
Not Applicable

22 Suite, Apt. #, etc
206

27 Suite, Apt. #, etc
206

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 Margate Fl.

28 Margate, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip
33063

25 Country
USA

29 Zip
33063

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUM, HARRIS
3110 HOLIDAY SPRINGS BLVS., STE 301
MARGATE FL 33063

81 Name Irene DeRuvo
82 Street Address (P.O. Box Number if Not Acceptable)
3071 Holiday Springs Blvd
83 APT 102
84 City Margate FL 85 Zip Code 33063

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 Irene DeRuvo

SIGNATURE Irene DeRuvo

DATE 2-18-96

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME ST. GEORGE, SANDRA
STREET ADDRESS 3110 HOLIDAY SPRINGS BLVS., STE 301
CITY-ST-ZIP MARGATE FL 33063

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96 954-3467448

Date

Daytime Phone #

CR2E034 (12/95)