

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001739 (9)**

1. Corporation Name  
**APPLIED GRAPHICS TECHNOLOGIES, INC.**



Principal Place of Business <b>463 BARELL AVE CARLSTADT NJ 07072</b>	Mailing Address <b>463 BARELL AVE CARLSTADT NJ 07072</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/08/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>13-3864004</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRASNER, FRED</b>	1.2 NAME	
STREET ADDRESS	<b>450 W. 33RD ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10001</b>	1.4 CITY-ST-ZIP	
TITLE	<b>COO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ETTINGER, MELVIN A</b>	2.2 NAME	
STREET ADDRESS	<b>28 W. 23RD ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10010</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMANO, DIANE</b>	3.2 NAME	
STREET ADDRESS	<b>28 W. 23RD ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10010</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HECK, ROBERT E JR</b>	4.2 NAME	<b>CFO</b>
STREET ADDRESS	<b>463 BARELL AVE.</b>	4.3 STREET ADDRESS	<b>Salamone, Louis Jr.</b>
CITY-ST-ZIP	<b>CARLSTADT NJ 07072</b>	4.4 CITY-ST-ZIP	<b>28 W 23rd St</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWNSTEIN, SCOTT A</b>	5.2 NAME	
STREET ADDRESS	<b>1580 EMERSON ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCHESTER NY 14606</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCABE, GEORGIA L</b>	6.2 NAME	
STREET ADDRESS	<b>1580 EMERSON ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCHESTER NY 14606</b>	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

CR2E034 (4/97)