

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G11167** (5)

1. Corporation Name
HARLEQUIN NATURE GRAPHICS, INC.

Principal Place of Business 16145 OLD US 41 RD. FT. MYERS FL 33912	Mailing Address 16145 OLD US 41 RD. FT. MYERS FL 33912-2287
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1982	3a. Date of Last Report 04/14/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2270010		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROTH, STEPHEN 16145 OLD US 41ST RD. FT. MYERS FL 33912		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 *Syl M. [Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VO	<input type="checkbox"/> DELETE	1.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIDAY, RICHARD		1.2 NAME R. Friday, Richard	
STREET ADDRESS 1840 PIONEER ROAD		1.3 STREET ADDRESS 20975 BLACKSMITH FORGE DR.	
CITY-ST-ZIP FT. MYERS FL		1.4 CITY-ST-ZIP ESTERO, FL.	
TITLE PO	<input type="checkbox"/> DELETE	2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROTH, STEPHEN		2.2 NAME Roth, Stephen	
STREET ADDRESS 16564 BEAR CUB		2.3 STREET ADDRESS 6139 Island Park Ct. S.W.	
CITY-ST-ZIP FT. MYERS FL		2.4 CITY-ST-ZIP Ft. Myers, FL.	
TITLE SO	<input type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SORENSEN, DOROTHY		3.2 NAME Sorensen, Dorothy	
STREET ADDRESS 9791 COUNTRY OAKS DR		3.3 STREET ADDRESS 6791 Country Oaks Dr.	
CITY-ST-ZIP FT MYERS FL		3.4 CITY-ST-ZIP Ft. Myers FL	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Bobby H. Turner	
STREET ADDRESS		4.3 STREET ADDRESS P.O. Box 102010	N/A
CITY-ST-ZIP		4.4 CITY-ST-ZIP Bowling Green, KY 42102	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME William C. Dorris	
STREET ADDRESS		5.3 STREET ADDRESS P.O. Box 102010	N/A
CITY-ST-ZIP		5.4 CITY-ST-ZIP Bowling Green, KY 42102	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Syl M. [Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)