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

FILED  
Jun 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>G11167</b> (5) 1. Corporation Name <b>HARLEQUIN NATURE GRAPHICS, INC.</b>			
Principal Place of Business <b>16145 OLD US 41 RD. FT. MYERS FL 33912</b>		Mailing Address <b>16145 OLD US 41 RD. FT. MYERS FL 33912</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
25		30	
b. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ROTH, STEPHEN</b> <b>16145 OLD US 41ST RD.</b> <b>FT. MYERS FL 33912</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <u>Stephen Roth</u>		DATE <u>6-10-98</u>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIDAY, RICHARD	1.2 NAME	
STREET ADDRESS	20975 BLACKSMITH FORGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, STEPHEN	2.2 NAME	
STREET ADDRESS	6139 ISLAND PARK CT. S.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOERSENSEN, DOROTHY	3.2 NAME	
STREET ADDRESS	9791 COUNTRY OAKS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, BOBBY H	4.2 NAME	
STREET ADDRESS	P.O. BOX 102010	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORRIS, WILLIAM C	5.2 NAME	
STREET ADDRESS	P.O. BOX 102010	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN KY	5.4 CITY-ST-ZIP	
TITLE		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 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 Stephen Roth

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/01/1982</b>	
4. FEI Number <b>59-2270010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)