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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT # G23168** 

(9)

Corporation Name

JEMS GRAPHICS OF FLORIDA, INC.

JEMO C	THE PROPERTY OF PEOPLE AND	<b>.</b>									
Principal Place of Business Mailing Address											
% MARK RUBIN, ESO. 777 ARTHUR GODFREY RD #320 MIAMI BCH. FL 33140			% MARK RUBIN. ESO. 777 ARTHUR GODFREY RD #320 MIAMI BCH. FL 33140								
WIDIWII DOTT								<ol> <li>Date Incorporated or Qualified 02/08/1983</li> </ol>		ite of Last Rep <b>02/14/199</b>	
2. Principal Plac	ce of Business	2a.	Mailing Address					4. FET Number		A	pplied For
1		26	J					58-1554589		N	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		28	City & State					<ol><li>Flection Campaign Financing Trust Fund Contribution</li></ol>		7	May Be to Fees
Zip	Country		Ζφ	Cc	ountry			8. This corporation has liability for in		tax under s	199.032,
24	25	29		30	-т		1	Florida Statutes		<del> </del>	
	9. Name and Address of Curren	t Regis	stered Agent		81	Name		10. Name and Address of New Re	gisteret	J Ageill	
	110// 500										
	MARK ESO.				82	Street A	Addres	s (P.O. Box Number is Not Acceptable	))		
	HUR GODFREY RD.,#320				83	ļ					
MIAMI B	CH. FL 33140										
					84	City			FI	85 Zip	Code
SIGNATURE _	n, and accept the obligations of, Sections and accept the obligations of sections are typed or printed name of registered agricultural of the ICERS AN	and little if	aşqılıkadı.k. (NO		<u>.</u> .	d signal inch		d on renotating)  ADDITIONS/CHANGES TO OFFICE	DATE DERS AN	ND DIRECTOR	RS IN 12
12.	D	[2 [2]] IL.	DELETE		I 1111£					Change	Addition
NAME	BLUMENTHAL, EVELYN				NAME						
STREET ADDRESS	17104 NORTHWAY CIRCLE			13	STREE	ADDRESS	ĺ				
City-St-ZiP	BOCA RATON FL			1.4	CITY-	S* - ZIP	ĺ				
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STREET ADDRESS	17104 NORTHWAY CIRCLE			<b>2</b> 3	STREE	LADURESS	- 1	Alon Manch Loll	130	a Raling	Hunter 3
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CITY - S1 - ZIP TITLE			T DELETE		1 THILE	2 12 1	<del> </del>			Change	Addition
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TITLE			☐ DELETE	5.	1 THEF					Change	Addition
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STREET ADDRESS				53	3 STREE	I ADDRESS					
CITY-S1-ZIP			El on tre			\$1-7IP	<b> </b> -			Change	Addition
TILLE			DELETE		1 TITLE					TT CHANGE	☐ Mudiboli
NAME					2 NAME	) Anvieree					
STREET ADDRESS						LADORESS .					
CITY-SI-ZIP	Learning that the information supplied	with thi	s filing is voluntarily fun	nishad ar	nd do	SFZIP es not qu	L alify for	r the exemption stated in Section 119.	07(3)(k),	Florida Statut	es. I further
certify that		iual repa oration	ort or supplementa! and or the receiver or truste	nual repo se empo:				e and that my signature shall have the report as required by Chapter 607, Fig.			