

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

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G52465** (3)

1. Corporation Name  
**B & S GRAPHICS, INC.**

Principal Place of Business  
**C/O ROBERT I. HYMAN  
51 NORTH ORLANDO AVENUE  
COCOA BEACH FL 32931**

Mailing Address  
**C/O ROBERT I. HYMAN  
51 NORTH ORLANDO AVENUE  
COCOA BEACH FL 32931-2910**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**08/02/1983**

3a. Date of Last Report

**04/19/1996**

4. FEI Number

**59-2319772**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HYMAN, ROBERT I.  
51 NORTH ORLANDO AVE.  
COCOA BCH. FL 32931**

10. Name and Address of New Registered Agent

81 Name

**Hyman, Sandra M.**

82 Street Address (P.O. Box Number is Not Acceptable)

**51 North Orlando Avenue**

83

84 City

**Cocoa Beach**

**FL**

85 Zip Code

**32931**

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

*Sandra M. Hyman*

(NOTE: Registered Agent signature required when reinstating)

**4-27-97**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **HYMAN, ROBERT I.**  
STREET ADDRESS **51 NORTH ORLANDO AVE.**  
CITY-ST-ZIP **COCOA BCH. FL**

TITLE **VST** ☒ DELETE  
NAME **HYMAN, SANDRA M.**  
STREET ADDRESS **51 NORTH ORLANDO AVE.**  
CITY-ST-ZIP **COCOA BCH. FL**

TITLE **D** ☐ DELETE  
NAME **HYMAN, SANDRA M.**  
STREET ADDRESS **51 NORTH ORLANDO AVE.**  
CITY-ST-ZIP **COCOA BCH. FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVT** ☒ Change ☐ Addition  
1.2 NAME **Hyman, Sandra M.**  
1.3 STREET ADDRESS **51 North Orlando Avenue**  
1.4 CITY-ST-ZIP **Cocoa Beach, FL 32931-2910**

2.1 TITLE **S** ☐ Change ☒ Addition  
2.2 NAME **Hyman, Deborah**  
2.3 STREET ADDRESS **51 North Orlando Avenue**  
2.4 CITY-ST-ZIP **Cocoa Beach, FL 32931-2910**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(j), 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

*Sandra M. Hyman*

**Sandra M. Hyman**

**4/7/97**

**407/783-8570**

CR2E034 (9/96)