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FILED
Apr 23 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 # G52465 (3)
1. Corporation Name
B & S GRAPHICS, INC.



Principal Place of Business

Mailing Address

C/O ROBERT I. HYMAN
51 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931

C/O ROBERT I. HYMAN
51 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1983

4. FEI Number

59-2319772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30, 1998 ☒ Yes ☐ No

2. Principal Place of Business

21 3165 N. ATLANTIC AVE

Suite, Apt. #, etc.

22 C109

23 COCOA BEACH FL

24 32931 25 USA

2a. Mailing Address

26 3165 N. ATLANTIC AVE

Suite, Apt. #, etc.

27 C109

28 COCOA BEACH FL

29 32931 30 USA

9. Name and Address of Current Registered Agent

HYMAN, SANDRA M.
51 NORTH ORLANDO AVENUE
COCOA BEACH 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)

3165 N. ATLANTIC AVE

83

C109

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 607.0605, Florida Statutes.

SIGNATURE

Sandra M. Hyman Pres.

Signature, typed or printed name of registered agent and board member, if applicable

(NOTE: Registered Agent signature required when reinstating)

4-16-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PVT ☐ DELETE

NAME HYMAN, SANDRA M
STREET ADDRESS 51 NORTH ORLANDO AVE.
CITY-ST-ZIP COCOA BCH. FL

TITLE S ☐ DELETE

NAME HYMAN, DEBORAH
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 ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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.

Sandra M. Hyman, Pres. + 11/16/98 1677777777

CR2E034 (10/97)