SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

AMENDED A/R
#61.25

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # G53432

1. Corporation Name

Reprographic Technologies, Inc.

Principal Place of Business / Mailing Address

2195 North Andrews Avenue Extension
Bay #11
Pompano Beach, Florida 33069

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 8/10/83
3a. Date of Last Report: 1/30/96
4. FEI Number: 59-2317542 [ ] 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 has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

Matthew Earl Morrall
Penthouse West
2455 E. Sunrise Blvd.
Ft. Lauderdale, FL 33304

10. Name and Address of New Registered Agent

81 Name: George H. Lauth
82 Street Address (P.O. Box Number is Not Acceptable): 2195 N. Andrews Avenue Extension
83 Bay #9
84 City: Pompano Beach FL 85 Zip Code: 33069

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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: [signature] DATE: 8-9-96

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	Darris P. McCord	
STREET ADDRESS	3144 Martin Road; P.O. Box 95	
CITY ST ZIP	Walled Lake, MI 48390	
TITLE	TS	[X] DELETE
NAME	Augusta Richards	
STREET ADDRESS	3144 Martin Road; P.O. Box 95	
CITY ST ZIP	Walled Lake, MI 48390	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
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 TITLE	VT	[X] Change [ ] Addition
1 NAME	Darris P. McCord	
1 STREET ADDRESS	3144 Martin Road; P.O. Box 95	
1 CITY ST ZIP	Walled Lake, MI 48390	
2 TITLE	PS	[ ] Change [X] Addition
2 NAME	George H. Lauth	
2 STREET ADDRESS	2195 N. Andrews Avenue Extension	
2 CITY ST ZIP	Pompano Beach, FL 33069	
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY ST ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY ST ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY ST ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY ST ZIP		

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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 report or supplemental 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 or is attached hereto.

8-12-96

SIGNATURE: [signature] 8-9-96 954 971-9115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George H. Lauth

CR2E034 (3/96)