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

NAME

STREET ADDRESS

officer or director of the corporate Block 12 or Block 13 if changed.

CITY-ST-ZIP

FILED PROFIT Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Socretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)G60534 JRS GRAPHICS INC. Principal Place of Business Mailing Address 2411 NW 59 ST 2411 N.W. 59 ST. **BOCA RATON FL 33496 BOCA RATON FL 33496** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 22-2483608 Not Applicable 21 26 \$8.75 Additional Suite -Ant # atc Suite, Apt W. etc. 0 5. Certificate of Status Desired 03 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Žφ Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHULTHEIS, ROBERT I 2411 N.W. 59 STREET Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** City Zip Code florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607 0505 porida Statutes. 11, Pursuant to the office or regis SIGNATURE en reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELFTE Change Addition 11 TITLE TITL F SCHULTHEIS, ROBERT I NAME 12 NAME 2411 N.W. 59 ST., SUITE 203 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** 1.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Change Addition 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP Addition Change DELFTE TITLE **4.1 TITLE** 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE ☐ Change 61 TITLE TITLE

62 NAME

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 suppliemental annual reports 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Men

63 STREET ADDRESS