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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H09410

\_1. Corporation Name

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90033 044 \*\*\*150.00

GRAPHI	C COMMUNICATIONS BROK	ERAGE CORPORATION							
Principal Place	e of Business	Mailing Address			7	i impinit miti matik imiti mimi it	Bit Bûtt Biûtt û	A11 81811 A1811 B	EB 11 B1311 1441
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C/O RAYMOND KENNETH WALTERS. JR				•					
TAMPA FL 33606-3138 TAMPA FL 33606-3138						DO NOT WRI	TE IN THIS	SPACE	
MARTA IL SOCI	20100	TAINTA TE SOCCIO			2	Date Incorporated or Qualifed			
						06/25/1984			
· · · · · · · · · · · · · · · · · · ·									-Und Car
Principal Place of Business 2a. Mailing Address						FEI Number		<del>_</del>	plied For
21 26						<u>59-2427785</u>			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					_ (	Certifcate of Status Desired		\$8.75 A	
22 27					J. 3.			Fee Re	quired
City & State City & State					6.	Election Campaign Financing		\$5.00	May Be
23 28						Trust Fund Contribution		Added t	o Fees
Zip Country Zip Co			Country		8	This corporation owes the curr	rent year Inta	angible	
24						Personal Property Tax.	•	Yes	□No
241	9 Name and Address of Current		<u>,                                     </u>			Name and Address of New	Registered A	Agent	
	g. Name and Address of Garton	Arabiotoi ou Argoint	81	Name	101				
WAI	ters, ken								
				Street Add	dress (P.	O. Box Number is Not Accept	able)		· · · · · · · ·
1304 S. DESOTO AVE									
STE 310			83						
TAM	PA FL 33606			-				85 Zip (	\
1			84	City			FL	85 Zip C	2006
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations of the state	ons of, Section 607.0505, Florid	a Statutes	tne corporati		ard of directors. Thereby acce	pt the appoir	ntment as re	gistered
12.	OFFICERS AND		13.			DDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TILE	DPS	DELETE	1.1 TITLE			DD1110110751111110120 10 01	102.00101	Change	Addition
1			1.2 NAME	- 1				_ •	{
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STREET ADDRESS 1304 S. DE SOTO AVE., STE. 310			1.3 STREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL 33606-3138		1.4 CITY-ST	-ZIP					
TITLE	D DELETE 2.11		2.1 TITLE					Change	Addition
NAME	DONNA, EMMA		2.2 NAME	}					
STREET ADDRESS			2.3 STREET	ADDRESS					1
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CITY-ST-ZIP			5.4 CITY-S	r-ziP					
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NAME			6.2 NAME						1
STREET ADDRESS			6.3 STREET	ADDRESS					Ì
SINCE I AUGUST				i					
CITY-ST-ZIP			6.4 CITY-ST	[-7IP					ſ

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 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 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 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 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 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 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 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 the supplied with the information indicated on the information indicated with the information indicated with the information indicated with the information indicated with

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR