1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H47968

GRAFFITTI GRAPHICS CORPORATION

Principal Place	e of Business	M	ailing Address				T (BBIST) BIN BIBLY LOBIO IBNS BILSE FOR BISH	BIBIT BIBIT BIBIT	BINEL NINIE LAND	
5936 BENJAMIN	,	590	g6 Benjamin BLVD.							
TAMPA FL 33634			TAMPA FL 33634				TO A LOT MUDITE IN THE ODA OF			
US			U\$				DO NOT WRITE IN THIS SPACE			
a							3. Date incorporated or Qualifed			
			1 4 - 10 A - J				03/14/1985 4. FEI Number		pplied For	ł
2. Principal Pl	lace of Business	<u> </u>	. Mailing Address				• • • • • • • • • • • • • • • • • • •		ot Applicable	1
21			Suite Apt # etc				59-2507690		Additional	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	• -	Additional lequired	
City & Chata			City & State				6. Election Campaign Financing		May Be	-
City & State			⊢ , ′				Trust Fund Contribution		to Fees	
Zip	Country	28	Zip	Cor	ıntry		8. This corporation owes the current year in			1
— , ·		29	2.15	30	,		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current		stered Agent	130	Т		10. Name and Address of New Registered	Agent		1
***	3. Name and Address of Guiten	rivegie	Stored regular		81	Name				ļ
WISE	e, william f.				82					ł
4041 HENDERSON BLVD						Street Ad	ss (P.O. Box Number is Not Acceptable)			
SUIT			•		83					1
	PA FL 33629								-	1
	, • • • • • • • • • • • • • • • • • •				84	City	F	85 Zip	Code	
-1			207 dEOR Florido Ctobo	tan than	bou	n nomed so	reporation submits this statement for the nurnose (f changing it:	s registered	ł
-EG	:	of Eloric	da. Such change was :	コー・オー・カーフロー・フロー・フロー・フロー・フロー・フロー・フロー・フロー・フロー・フロー	าทห	TRE COIDOIS	ation's board of directors. I hereby accept the appe	ointment as r	egistered	
agent. I ai	m familiar with, and accept the obligat	ions of	f, Section 607.0505, Flo	orida Stat	utes					ĺ
SIGNATURE							pare when reinstation)		·)_
12.	Signature, typed or printed name of registered agen OFFICERS AN			13.	Ager	it signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	8
TITLE	P	O DINE	DELETE	1.1 Ti	MLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change		1 5
	SHIRELING, WILLIAM A			1.2 N						1 3
NAMÉ	2548 WRENCREST CIRCLE			ı		T ADDRESS	•			8
STREET ADDRESS	VALRICO FL				TY-S		•			1 5
CITY-ST-ZIP	ST ST		☐ DELETE	2.1 T		1-21		☐ Change	☐ Addition	[
ſ	SHIRELING, JEANIE L.			2.2 N		1				
NAME						TADDRESS				ļ
STREET ADDRESS	2548 WRENCREST CIRCLE							San - san]_
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NAME						TADORESS				
STREET ADDRESS						ST-ZIP			,	
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NAME										}
STREET ADDRESS						TADDRESS				
CITY-ST-ZIP			☐ DELETE	4.4 C 5.1 T	ITY-S	1-214		Change	Addition	1
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NAME				1		T ADDRESS				
STREET ADDRESS	in the state of th									1
CITY-ST-ZIP				6.1 T	ITY-S	11-217		☐ Change	Addition	1
TITLE			C) DELETE	6.2 N						
NAME				1		TADDOCOO				
STREET ADDRESS				6.3 S	IKEE	TADDRESS				1

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, of on an attachment with an address, with all other the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90064 029 ***150.00