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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H48604

(3)

J.M.I. GRAPHICS, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 30 1998 8:00am Secretary of State



6070 S CONGRESS AVE LANTANA FL 33462		6070 S CONGRESS AVE LANTANA FL 33462					
					DO NOT WRITE IN THIS SP	ACE	
					3. Date Incorporated or Qualified		
9 Principal D	lace of Business	2a, Mailing Address			03/22/1985 4. FEI Number		antiad Fac
21 63 62	A F / /// Plan	28, Maining Acidiess			59-2503588		oplied For of Applicable
Suite Ant	Forest Hill Blud. H. Olc.	Suite, Apt. #, etc.					
ر <i>دو لدا</i> 22	27			5. Certificate of Status Desired Fee Required		equired	
City & State	<del>0</del>	City & State			6. Election Campaign Financing		May Be
23 /	<u> </u>	28			Trust Fund Contribution		to Fees
Zip 334	100 0000		Count 30	ry 		Yes [	tangible No
·····	9. Name and Address of Current	Registered Agent		AT	10. Name and Address of New Registered A	gent	
PELFERS, MICHELLE 4970 LUQUI CT WEST PALM BEACH FL 33415				1 Name			
				2 Street Add	dress (P.O. Box Number is Not Acceptable)		
			8	3			1
			8	4 City	FL	<b>85</b> Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes of Florida, Such change was au	s, the about horized i	ve-named cor ov the corpora	rporation submits this statement for the purpose of calion's board of directors. I hereby accept the appoint	hanging if intment as	ts registered
agent. I ar SIGNATURE	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statut	es.			
- DIGHATORE	Signature, typed or printed name of registered ages	ranotale (NO1):	Registered A	gent signature requ	uired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE	<u>P</u>	L_] DELET <b>e</b>	1.1 TITLE	- 1	Ł	Change	Addition
NAME	<b>EL</b> FERS, MICHELLE		1.2 NAM	:			
STREET ADDRESS	6070 \$ CONGRESS		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	LANTANA FL		1.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		į	Change	☐ Addition
NAME			2.2 NAM	:			
STREET ADDRESS			2.3 STRE	ET ADDRESS	<i>;</i> .		
CITY-ST-ZIP			2. 4 City	-ST-ZIP		<del></del>	
TITLE		DELET <b>e</b>	3.1 TITLE		Ļ	Change	Addition
NAME			3.2 NAMI	:			ĺ
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4 CITY	- ST - ZIP			
TITLE		L DELETE	4.1 TITLE		L	Change	Addition
NAME			4. 2 NAM	E			į
STREET ADDRESS			4.3 STRE	et address			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	51 TITLE			Change	Addition
NAME			5.2 NAMI	i			ļ
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAMI				
STREET ADDRESS			6.3 STRE	ET ADDRESS			İ
CITY-ST-ZIP			6.4 CITY	ST-ZIP			_
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify for	the exem	ption stated in	n Section 119.07(3)(i), Florida Statutes. I further cert	ify that the	information
officer or o	on <b>this</b> annual report or suppliemental director of the corporation or the rece or Block 13 if changed, or on all attac	ver or trustee empowered to ex	xecute this	at my signati s report as rec	ure shall have the same legal effect as if made undequired by Chapter 607, Florida Statutes; and that my	name ap	pears in