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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

May 06, 1999 8:00 am Secretary of State

05-06-1999 90090 039 ***150.00

DOCUI	MENT # J28527	7			
 Corporation 	GRAPHICS, INC.				
*	o aliva taoo, ato				I KARIKIO DING KIDOK IRING DING KIDIK KODI AKRIK ORDIK AKRIK OKRIK AKRIK OKRIK AKRIK OKRIK AKRIK
Principal Place of Business Mailing Address					
C/O H WOYTOVECH					
315 NE 127 ST 315 NE 127 ST N MIAMI FL 33161 N. MIAMI FL 33161					DO NOT WRITE IN THIS SPACE
US US					3. Date Incorporated or Qualifed
					08/12/1986
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
		26			59-2711562 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi
22 27 City & State City & State		_		C. Election Compoint Financing C. C. Compoint Co	
 , •		— ·	28		Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
WAY			81	Name	
WOYTOVECH, HELEN			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
315 NE 127 ST N MIAMI FL 33161				ļ	
IN IVI	MINI FL 33101		83	1	•
			84	City	FL 85 Zip Code
	(0-4	'00 1 CO7 1500 Fladdo Statuta	the obes	o named so	orporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the Stati	e of Florida. Such change was autt	norized by	the corpora	ation's board of directors. I hereby accept the appointment as registered
•	m familiar with, and accept the oblig	pations of, Section 607.0505, Florid	a Statutes	S.	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: Re	egistered Age	nt signature req	juired when reinstating) DATE
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOYTOVECH, HELEN		1.2 NAME	1	
STREET ADDRESS	315 N. E. 127TH STREET		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	C per ere	1.4 CITY-8	ST-ZIP	☐ Change ☐ Addition
TITLE	D WOOTONEON HELEN	☐ DELETE	2.1 TITLE		Collaride Dividuitor
NAME	WOYTOVECH, HELEN		2.2 NAME		
STREET ADDRESS	1100711.11111.0.51			T ADDRESS	
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.4 CITY- 3.1 TITLE	51-ZIP	Change Addition
NAME	WOYTOVECH, SUZONNE		3.2 NAME		
i	OAE NE ACTULOT		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL		3.4. CITY-		
TILE		☐ DELETE	4.1 TITLE	-	☐ Change ☐ Addition
NAME	4.21		4. 2 NAME		
STREET ADDRESS	EET ADDRESS		4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	5.1 7TTLE	1	☐ Change ☐ Addition
NAME			52 NAME	i	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			5.4 CITY-5 6.1 TITLE	si-ZIP	☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME				T ADDRESS	
STREET ADDRESS			6.4 CITY-5		
CITY-ST-ZIP			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, or on an attachment with an address, with all other like empowered.