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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J47197** (5)

1. Corporation Name
UNITED GRAPHIC MANAGEMENT, INC.

Principal Place of Business

**15260 NW 60TH AVE. MIAMI LAKES, FL 33014
P.O. BOX 173064
HIALEAH FL 33017-0064**

Mailing Address

**15260 NW 60TH AVE. MIAMI LAKES, FL 33014
P.O. BOX 173064
HIALEAH FL 33017-3064**



3. Date Incorporated or Qualified
12/16/1986

3a. Date of Last Report
03/07/1996

4. FEI Number

59-2745594

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**RYAN, JOHN S. III
15260 NW 60TH AVENUE
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JOHN S. RYAN, III PRESIDENT

1/10/97

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **RYAN, JOHN S. III**
STREET ADDRESS **15260 NW 60TH AVE**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **ST** ☐ DELETE
NAME **JONES, BARBARA**
STREET ADDRESS **15260 NW 60TH AVE**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33014**

2.1 TITLE **S/T** ☒ Change ☐ Addition
2.2 NAME **CALABRESE, BARBARA**
2.3 STREET ADDRESS **15260 N.W. 60 AVE.**
2.4 CITY-ST-ZIP **MIAMI LAKES, FL 33014**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Ryan President 1/10/97 (325) 823-2995

CR2E034 (9/96)