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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

14895 NE 20TH AVE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J49323

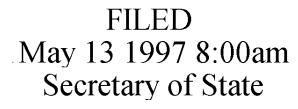
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SHEFFIELD GRAPHICS, INC.

DBA THE ART OF PRINTING

Mailing Address

14895 NE 20TH AVE N MIAMI FL 33181-1108





N MIAMI FL 33181 US		N MIAMI FL 33181-1108 US		Date Incorporated or Qualified     12/30/1986	3a. Date of Last Report 05/24/1996			
2. Principal Place of Business 21		2a. Mailing Address		/	4. FEI Number	* ,		plied For
		26 P.O. BOX 610036		036	59-2784189	Not Applicable		
Suite, Apt. #, etc 2		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State  28 N. M. jam.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip <b>24</b>	Country 25	Zip	Count	ÙS	This corporation has liability for in Florida Statutes		tax under s	199.032,
	9. Name and Address of Curre				10. Name and Address of New Reg	pistered A	gent	
DRAGOO, KATIE L.				1 Name				
14895 NE 20TH AVE				2 Street Addr	ress (P.O. Box Number is Not Acceptab	e)		
N MIAMI FL 33181			82 Street		loss (1.0. box Hamber is Hot Necopiale	,		
,,,,,,			8	3				
			8	4 City		FL	<b>85</b> Zip (	Code
office or re agent. Fail SIGNATURE	to the provisions of Sections 607.05/ registered agent, or both, in the State im familiar with, and accept the oblig Seguiator typed or printed mane of registered ag	e of Florida. Such change was au gations of, Section 607.0505, Flor	uthorized ida Statu	by the corporates.	oration submits this statement for the p- lion's board of directors. I hereby accep	urpose of t the appo	changing it pintment as	s registered registered
12.		ID DIRECTORS	13.	300000000000000000000000000000000000000	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
100.0	PDS	☐ DELETE	1.1 TITL			,	Change	Addition
NAME	DRAGOO, KATIE L.		1.2 NAW	E				
\$18EFT ADORESS	9235 SW 42ND ST		1.3 STRI	ET ADDRESS				
CHY-S1 20F	MIAMI FL			-ST-ZIP				
THE		DELETE	21 TITL				Change	Addition
NAM:			22 NAM	E	•			
STREET ADDRESS			23 STR	ET ADDRESS				i
CITY-ST-ZIP			2 4 CIT	-ST-ZIP				
TOLE		☐ DELETE	3 1 TITL				Change	Addition
NAMI			32 NAM	E				
STREET ACORESS			3.3 STRI	EY ADORESS				
City (\$1, ZiP)			3.4 CIT	- S1-2IP				
THILE		☐ DELETE	4.1 TITL				Change	Addition
NAME			4.2 NA	lE .				
STREET ADDRESS			4.3 STR	ET ADDRESS				
City - \$1 - ZiP			4.4 CITY	-ST-ZIP				
10.6		☐ DELETE	5.1 TITL				Change	Addition
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 S1R	ET ADDRESS				
STREET ADDRESS  GHY-51-ZIP				ET ADORESS - ST-ZIP				
		DELETE		-ST-ZIP			☐ Change	Addition
CHY-\$1-ZiP		DELETE	5.4 CITY	-ST-ZIP	4-4-1	······································	☐ Change	Addition
CHY+S1+7/P 1117,F		DELETE	5.4 C(T) 6.1 TITL 6.2 NAM	-ST-ZIP			☐ Change	Addition

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 manged, or on an attachment with an address.

**SIGNATURE** 

April 29, 1997