

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

FILED

Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J55027** (3)  
1. Corporation Name  
**COMMERCIAL GRAPHICS, INC.**



Principal Place of Business <b>4801 49 RT N ST PETERSBURG FL 33709 US</b>	Mailing Address <b>4801 49TH RT N ST PETERSBURG FL 33709 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4601 49th St N</b> Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 <b>4601 49th St N</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified <b>01/29/1987</b>		4. FEI Number <b>59-2769527</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>NUCCI, PAUL A. 7038 MANGO AVE. S. ST. PETERSBURG FL 33707</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>NUCCI, PAUL A.</b>		1.2 NAME				
STREET ADDRESS	<b>7038 MANGO AVE. S.</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>		1.4 CITY-ST-ZIP				
TITLE	VST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>NUCCI, MARGARET H.</b>		2.2 NAME	<b>NUCCI, MARGARET H.</b>			
STREET ADDRESS	<b>7038 MANGO AVE. S.</b>		2.3 STREET ADDRESS	<b>7038 MANGO AVE S</b>			
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>		2.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33707</b>			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			3.2 NAME	<b>NUCCI, JOHN A</b>			
STREET ADDRESS			3.3 STREET ADDRESS	<b>6728 9th St N</b>			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<b>St Petersburg FL 33702</b>			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			4.2 NAME	<b>NUCCI, ADAM P</b>			
STREET ADDRESS			4.3 STREET ADDRESS	<b>3100 36th St N #20</b>			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>St Petersburg FL 33713</b>			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

SIGNATURE: **Margaret H Nucci** **MARGARET NUCCI** **DT** **813 522-3993**

CR2E034 (10/97)