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

PROFIT **CORPORATION** ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **MIVISION OF CORPORATIONS** 

**1998** DOCUMENT # J60969

(9)

**GROUPERGRAPHICS LIMITED. INC.** 

## May 19 1998 8:00am Secretary of State

FILED



Principal Place of Business Mailing Address % FRANKLIN D. GREENMAN % Franklin D. Greenman 5800 OVERSEAS HIGHWAY. SUITE 40 5800 OVERSEAS HIGHWAY, SUITE 40 DO NOT WRITE IN THIS SPACE MARATHON FL 33050 MARATHON FL 33050 3. Date Incorporated or Qualified 03/02/1987 Applied For 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 59-2786937 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Ζip Country This corporation owes or has paid the current year Intangible 25 30 ☐ Yes 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREENMAN, FRANKLIN D. **5800 OVERSEAS HIGHWAY** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 40 83 MARATHON FL 33050 84 City 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, typied or printed name of registered agent and title if applicable (NOTF: Flogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE FISCHER, ROSEMARY NAME 1.2 NAME 622 LOUISA ST STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition Paul KoiscH KOISCH, PAUL NAME 22 NAME 10694 awintion Blud 5800 OVERSEAS HWY, 35 STREET ADDRESS 2.3 STREET ADDRESS marathon, FI 33050 MARATHON FL CITY-ST-ZIP 2. 4 City - ST - ZiP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELE16 TITLE 6.1 THLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 corporation of the receiver of 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,

4-11-98