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FILED

Apr 23 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 # J69909

(6)

1. Corporation Name

NATIONAL GRAPHICOM CORPORATION

Principal Place of Business

7035 GRAND NATIONAL DR.
ORLANDO FL 32819-0890
US

Mailing Address

C/O 810 63RD AVE. NORTH
P.O. BOX 20788
ST. PETERSBURG FL 33742-0788



3. Date Incorporated or Qualified

04/27/1987

3a. Date of Last Report

02/27/1996

4. FEI Number

59-2800074

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

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MOUSER, FREDERICK L.
810 63RD AVE. N.
ST. PETERSBURG FL 33702

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE

NAME SOMMERS, JOHN
STREET ADDRESS 2642 TRYON PLACE
CITY - ST - ZIP WINDERMERE FL

TITLE D ☐ DELETE

NAME RAPOSA, EDWARD F.
STREET ADDRESS 10 RYDERS LANE
CITY - ST - ZIP WILTON, CONNECTICUT

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

11 TITLE P ☒ Change ☐ Addition

12 NAME Raposa, Edward F.
13 STREET ADDRESS 10 Ryder Lane
14 CITY - ST - ZIP Wilton, CT

21 TITLE V ☒ Change ☐ Addition

22 NAME Huenink, Jeffery
23 STREET ADDRESS 6301 Benjamin Center
24 CITY - ST - ZIP Tampa, FL

31 TITLE S/T ☒ Change ☐ Addition

32 NAME Sommers, Patricia A.
33 STREET ADDRESS 2642 Tryon Place
34 CITY - ST - ZIP Windermere, FL

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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:

Edward Raposa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-97 (407)351-7604

CR2E034 (9/96)