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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J76565 1. Corporation Name

LAURA POOSER DESIGN & GRAPHICS, INC.

Principal Place of Business	Mailing Address	
940 APPLETON AVE ORLANDO FL 32806 US	P O BOX 568402 Orlando FL 32856 US	

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90167 005 ***150.00



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Principal Place of Business Mailing Address							41011 2121				
940 APPLETON	AVE	PO	BOX 568402								
ORLANDO FL 32806 ORLANDO FL 32856						DO NOT WRITE IN THIS SPACE					
us us							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							06/01/1987				}
2 Deinainal D	loss of Dusiness	20.8	Mailing Address				4. FEI Number		7.	Applie	d For
	lace of Business	 	Mailing Address				59-2809430		\vdash		plicable
Suite, Apt.	# etc	26	Suite, Apt. #, etc.						\$8.7		·
22 Suite, Apt.	#, Etc.	27	oute, Apr. #, etc.				5. Certifcate of Status Desired		— — — — —	Requi	
City & State			City & State				6. Election Campaign Financing		\$5.0	00 ма	v Be
23	-	28	,				Trust Fund Contribution			ed to F	·
Zip	Country		ip	Count	try		8. This corporation owes the current ye	ear Intar	ngible		
24	25	29		30			Personal Property Tax.		Yes		No
	9. Name and Address of Cu						10. Name and Address of New Regis	tered A	gent		
				8	31	Name					1
	SER, LAURA L.			-	32	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	appleton ave.			ľ	"	Otteet Addie	iss (F.O. Dox Number is Not Necephano)				
ORL	ANDO FL 32806			l 8	33						
				<u> </u>					loc 7	ip Cod	
				6	34	City		FL	85 2	ip Cou	•
office or o	enistered agent or both in the S	tate of Florida	Such change was au	thorized t	ov ti	named corpo he corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of cl appoint	hanging ment as	its reg regist	istered ered
agent. I a	m familiar with, and accept the ol	bligations of, S	ection 607.0505, Flori	da Statut	es.						
SIGNATURE	Signature, typed or printed name of registere	d accept and title if a	nelicable (NOTE: I	Panietorad A	nent (signature required	when reinstation)	ATE			
12.		S AND DIREC		13.		organization radiantee	ADDITIONS/CHANGES TO OFFICE	RS AND	DIREC	TORS	IN 12
TITLE	P		☐ DELETE	1.1 TITU	E				Chan		Addition
NAME	POOSER, LAURA L.			1.2 NAM	E						
STREET ADDRESS	940 APPLETON AVE.			1.3 STR	EET A	ADDRESS					
CITY-ST-ZIP	ORLANDO FL			1.4 CITY	-ST-	.ZîP					ł
TITLE			☐ DELETE	2.1 TITLE					☐ Chan	ge .	Addition
NAME				2.2 NAM	E						
STREET ADDRESS						ADORESS					
CITY-ST-ZIP			-	2.4 CITY	r-st-	-ZIP					
TITLE			☐ DELETE	3.1 TITLI					☐ Chan	ge	Addition
NAME				3.2 NAM	Ε						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3,4, CIT)							
TITLE			☐ DELETE	4.1 TITLE					☐ Chan	ge	Addition
NAME	 			4. 2 NAN	Æ						[
STREET ADDRESS	ప					ADORESS					
CITY-ST-ZIP				4.4 CITY		J					
TITLE			DELETE	5.1 TITLE		=	-		☐ Chan	ge	Addition
NAME				5.2 NAM							
STREET ADDRESS				5.3 STRE	EET A	ADDRESS]
				5.4 CITY		1					1
CITY-ST-ZIP			DELETE	6.1 TITLE					☐ Chan	ge	Addition
NAME				6.2 NAM	Ē				_		}
						ADDRESS					
STREET ADDRESS				64 CITY			•				

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 with all other like empowered.

SIGNATURE: