

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K40478

1. Corporation Name

PEASE GRAPHIC DESIGN, INC.

99 OCT 19 PM 1:05

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 7/23/99 90004/009 \$150.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O SILVIA PEASE 7405 S W 132ST MIAMI FL 33156 US		Mailing Address C/O SILVIA PEASE 7405 S W 132 ST MIAMI FL 33156 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	10/12/1988	65-0071368
22. City & State	27. City & State	5. Certificate of Status Desired	Applied For
23. Zip	28. Zip	☐ \$8.75 Additional Fee Required	Not Applicable
24. Country	29. Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
		Trust Fund Contribution	☐
		7. This corporation owes the current year	
		Intangible Personal Property.	☐ Yes ☐ No
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PEASE, SILVIA 7405 S W 132ND ST MIAMI FL 33156		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State 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 substituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PEASE, SILVIA	1.2 NAME	
STREET ADDRESS	7405 S W 132ND ST	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-253-4323

CR2E034 (5/99)

Florida Department of State 10/02/99
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref:K40478
PEASE GRAPHIC DESIGN

FEI # 65-0071368

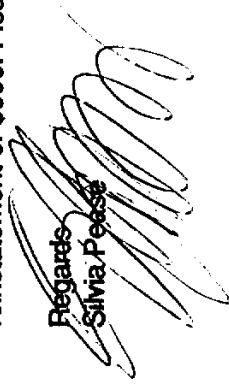
As per my last telephone conversation last week, this letter is to state the following:

A check for the amount of \$150. was sent on time for the filling fee and got lost in the mail. I called (850)488-9000 spoke with Tirone and explained the situation.

A second check for the amount of \$150. as soon as the notice arrived here; but , evidently it was too late because the corporation was cancelled.

My income and billing is very low to pay \$550. or a reinstatement of \$600. Please advise.

Regards,
Silvia Pease



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