

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # **K74410 (7)**
1. Corporation Name
RUTTLE GRAPHICS, INC.



Principal Place of Business: **4525 VINELAND ROAD, SUITE 209 ORLANDO FL 32811**
Mailing Address: **4525 VINELAND ROAD, SUITE 209 ORLANDO FL 32811**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		58-1837398		05/01/1995	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
O'DAIR, WILLIAM J. 13310 ST. TROPEZ CIRCLE PALM BEACH GARDENS FL 33410				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD BREDER, W. DONALD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	270 COMMERCE DRIVE	1.2 NAME	
STREET ADDRESS	FT. WASHINGTON PA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P NESBITT, HARRY J., JR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	270 COMMERCE DRIVE	2.2 NAME	
STREET ADDRESS	FT. WASHINGTON PA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD NESBITT, MARION	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	270 COMMERCE DRIVE	3.2 NAME	
STREET ADDRESS	FT. WASHINGTON PA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD BREDER, MARJORIE C.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	270 COMMERCE DRIVE	4.2 NAME	
STREET ADDRESS	FT. WASHINGTON PA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD BLAND, BARBARA J.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	270 COMMERCE DRIVE	5.2 NAME	
STREET ADDRESS	FT. WASHINGTON PA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V HURREY, PETER L	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4525 VINELAND RD STE 209	6.2 NAME	
STREET ADDRESS	ORLANDO FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: 3/22/96 DAYTIME PHONE: (407) 872-1291

CR2E034 (12/95)

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ADDENDUM TO
FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT 1996
OF
RUTTLE GRAPHICS, INC.

[ADDITIONS TO OFFICERS AND DIRECTORS IN BLOCK 12]

TITLE	CMPTR
NAME	THOMAS, WILLIAM V.
ADDRESS	270 COMMERCE DR.
CITY-ST-ZIP	FT. WASHINGTON, PA 19034

TITLE	V
NAME	INGENITO, JOHN F.
ADDRESS	4525 VINELAND RD. STE 209
CITY-ST-ZIP	ORLANDO, FL 32811

TITLE	D
NAME	O'DAIR, WILLIAM J.
ADDRESS	13310 SAINT TROPEZ CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410