

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

**FILED**  
**Apr 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K74410 (7)**  
 1. Corporation Name  
**RUTTLE GRAPHICS, INC.**



Principal Place of Business <b>4525 VINELAND ROAD, SUITE 209                  ORLANDO FL 32811</b>	Mailing Address <b>4525 VINELAND ROAD, SUITE 209                  ORLANDO FL 32811-7221</b>
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3. Date Incorporated or Qualified <b>03/22/1989</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>58-1837398</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**O'DAIR, WILLIAM J.**  
**13310 ST. TROPEZ CIRCLE**  
**PALM BEACH GARDENS FL 33410**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREDER, W. DONALD</b>	1.2 NAME	
STREET ADDRESS	<b>270 COMMERCE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WASHINGTON PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NESBITT, HARRY J., JR.</b>	2.2 NAME	
STREET ADDRESS	<b>270 COMMERCE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WASHINGTON PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NESBITT, MARION</b>	3.2 NAME	
STREET ADDRESS	<b>270 COMMERCE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WASHINGTON PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREDER, MARJORIE C.</b>	4.2 NAME	
STREET ADDRESS	<b>270 COMMERCE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WASHINGTON PA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAND, BARBARA J.</b>	5.2 NAME	
STREET ADDRESS	<b>270 COMMERCE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WASHINGTON PA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURREY, PETER L</b>	6.2 NAME	
STREET ADDRESS	<b>4525 VINELAND RD STE 209</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	6.4 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: PETER L. HURREY (4/17/97) (407) 872-1297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

ADDENDUM TO

FLORIDA DEPARTMENT OF STATE 1997 PROFIT CORPORATION ANNUAL REPORT

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