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

PROFIT \* CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K82900

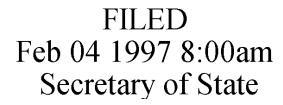
(7)

ADVANCED MICROGRAPHICS CORPORATION

Principal Place of Business .... ..........

Mailing Address

4500 DENDOW COURT





APOPKA FL 32703		APOPKA FL 32703-77						
					3. Date Incorporated or Qualified 04/24/1989	3a. Date of Last Report 01/30/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			59-2945297		N <sub>i</sub>	ot Applicable
Suite, Apt	#, etc	Surfe, Apt. #, etc			5. Certificate of Status Desired		7	Additional equired
City & Stati	С	City & Stato			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip <b>24</b>	Country 25	Zip 29	30 Cou	ntry	This corporation has liability for Florida Statutes	intangible ta		. 199.032,
	9. Name and Address of Cur				10. Name and Address of New Re	gistered As	jent	
KA1 217	TZ, LAWRENCE H ESQ TZ, JAEGER AND BLANKNER PE IVANHOE BLVD NORTH LANDO FL 32804			<ul><li>81 Name</li><li>82 Street A</li><li>83</li></ul>	Address (P.O. Box Number is Not Acceptal	ole)		
	Date of Secon			64 City		FL	85 Zip	Code
office or r	to the provisions of Sections 607 ( registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change v	was authorized	by the corp	corporation submits this statement for the oration's board of directors. I hereby acce	ourpose of c pt the appoi	hanging i ntment as	ts registered registered
SIGNATOR	Styr ature, typed or printed name of registered	Lagent and title Lapplicable.	(NOTE: Registere	Agent signature	required when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TITLE	P	☐ DELETE	1.1 TI	TLE		L.	_) Change	Addition
NAME	COHEN, JEFFREY		1.2 ₩	ME )				
STREET ADDRESS	305 MAGNOLIA LAKES DR		1.3 \$1	REET ADDRESS				
CITY - S1 - ZiF	LONGWOOD FL		1.4 0	TY-ST-ZIP				
TITLE	D	DELETE					Change	Addition
NAME	COHEN, JILL		2.2 N	AME				
STREET ADDRESS	305 MAGNOLIA LAKES DR	1.		REET ADDRESS				
CITY-ST-ZIF	LONGWOOD FL	•		ITY - ST - ZIP				
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NAME			3.2 N					
			1	REET ADDRESS				
STREET ADDRESS								
CITY- ST- ZIP		DELET		ITY-SI-ZIP			Change	Addition
TITLE		Detern	1			L-	vildingv	LI Hadiban
NAME			4.2 N	Į.				
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TITLE		☐ DELETI		Į.		L	Change	Addition
NAME			5.2 N	NME				
STREET ADDRESS			5.3 \$	REET ADDRESS				
CITY - S1 - ZIP				TY-ST-ZIP				
TITLE		☐ DELETI	6.1 Te	TLE		Ţ	Change	Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 <b>S</b>	REET ADDRESS				
CITY-S1-ZIP				TY-ST-ZIP				
	by certify that the information supp	plied with this filing does not			tated in Section 119.07(3)(i), Florida Statut	es. Liurther (	ertify tha	1 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 it 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 13 if changed, or open attachment with an address.

SIGNATURE:

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