FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00054** **(1)**

1. Corporation Name

PARAMOUNT MILLER GRAPHICS, INC.

Principal Place of Business	Mailing Address
5299 ST AUGUSTINE RD JACKSONVILLE FL 32207 US	5299 ST AUGUSTINE RD JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1989
3a. Date of Last Report: 04/27/1994

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

4. FEI Number: 59-2962266 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, ROBERT L
121 W FORSYTH ST
SUITE 200
JACKSONVILLE FL 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	11 TITLE	D	☑ Change ☐ Addition
NAME	MILLER, ROBERT L	12 NAME	MILLER, ROBERT L	
STREET ADDRESS	121 W FORSYTH ST #200	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	DCP	21 TITLE	DC	☑ Change ☐ Addition
NAME	WALTHER, FREDERICK S	22 NAME	WALTHER, FREDERICK S	
STREET ADDRESS	5299 ST AUGUSTINE RD	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE	DP	☑ Change ☐ Addition
NAME	WALTHER, MICHAEL J	32 NAME	WALTHER, MICHAEL	
STREET ADDRESS	5299 ST AUGUSTINE RD	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	DV	☑ Change ☐ Addition
NAME	WALTHER, JOHN J	42 NAME	WALTHER, JOHN J	
STREET ADDRESS	5299 ST AUGUSTINE RD	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	DVT	51 TITLE	D	☑ Change ☐ Addition
NAME	DAHL, ROBERT J	52 NAME	DAHL, ROBERT J	
STREET ADDRESS	5299 ST AUGUSTINE RD	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	S	☐ Change ☑ Addition
NAME	STEIN, ROBERT L	62 NAME	KULCHIN, MARTIN D.	
STREET ADDRESS	121 W FORSYTH ST #200	63 STREET ADDRESS	5299 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	JACKSONVILLE FL	

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)(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: Martin D. Kulchin MARTIN D. KULCHIN 5/10/95 7-4 448 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016471 CP