

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L00071 (5)

1. Corporation Name

GRAPHIC CENTER PRINTING, INCORPORATED

Principal Place of Business

% RICKEY DIVITO
459 GREYNOLDS CIRCLE
LANTANA FL 33462

Mailing Address

% RICKEY DIVITO
459 GREYNOLDS CIRCLE
LANTANA FL 33462



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

County

24

9. Name and Address of Current Registered Agent

29

30

DIVITO, RICKEY
459 GREYNOLDS CIRCLES
LANTANA VILLAGE SQ., #18
LANTANA FL 33434

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 607.01(2)(b) and 607.01(2)(c), Florida Statutes, I hereby warrant and agree to submit the 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 provisions of Sections 607.01(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
P DIVITO, RICKEY	459 GREYNOLDS CIR., #18	LANTANA FL	☐
S DIVITO, GARY	459 GREYNOLDS CIRCLE, #18	LANTANA FL	☐
T IAFRATE, ANNA	459 GREYNOLDS CIRCLE, #18	LANTANA FL	☐
			☐
			☐
			☐
			☐
			☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	CHANGE	ADDITION
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

14. I do hereby certify that the information supplied with this filing is accurate, for the record does not qualify for the exemption state for Sections 119.07(3)(k) Florida Statutes. I further certify that the information is true and correct, and is not a copy of information reported to the Florida Department of State. I understand that any violation of this statute shall have the same effect as if made under oath. That I am an officer or director of the corporation, or the registered agent or authorized person to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I understand that any change to the information must be filed with this report.

SIGNATURE: Rickey Divito - Rickey Divito-P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

407-582-4473

CR2E034 (12/95)