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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33462-4565



3. Date Incorporated or Qualified 07/05/1989
3a. Date of Last Report 04/12/1996

4. FEI Number 65-0127488
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

2. Principal Place of Business
21 4628 JOG ROAD
Suite, Apt. #, etc.

22 City & State
23 GREGG ACRES, FLORIDA

24 33467 25 USA

2a. Mailing Address
26 4628 JOG ROAD
Suite, Apt. #, etc.

27 City & State
28 GREGG ACRES, FLORIDA

29 33467 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name DIVITO, RICKEY
82 Street Address (P.O. Box Number is Not Acceptable) 4628 JOG ROAD
83
84 City GREGG ACRES FL 85 Zip Code 33467

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DIVITO, RICKEY	
STREET ADDRESS	459 GREYNOLDS CIR., #18	
CITY - ST - ZIP	LANTANA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIVITO, GARY	
STREET ADDRESS	459 GREYNOLDS CIRCLE, #18	
CITY - ST - ZIP	LANTANA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	IAFRATE, ANNA	
STREET ADDRESS	459 GREYNOLDS CIRCLE, #18	
CITY - ST - ZIP	LANTANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4628 JOG ROAD
1.4 CITY - ST - ZIP	GREGG ACRES, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4628 JOG ROAD
2.4 CITY - ST - ZIP	GREGG ACRES, FL.
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4628 JOG ROAD
3.4 CITY - ST - ZIP	GREGG ACRES, FL.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, unchanged, or on an attachment with an address.

SIGNATURE: Rickey Divito RICKEY DIVITO 3-21-97 561-969-2818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)