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95 MAY -1 AM 10: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # L06400 (0)

1. Corporation Name
GRAPHIC XPRESSIONS INC.

Principal Place of Business	Mailing Address
5450 S. STATE RD 7, #12 FT. LAUD FL 33314 US	5450 S. STATE RD 7, #12 FT. LAUD FL 33314 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 513 OLD GRIFFIN RD	2a. Mailing Address: 26 513 OLD GRIFFIN RD
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 DANIA, FL	City & State: 28 DANIA, FL
Zip: 24 33004 · Country: 25 US	Zip: 29 33004 · Country: 30 US

3. Date Incorporated or Qualified: **07/26/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **NOT APPLICABLE** ☐ 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

PRISCO, ROBERT
5450 S. STATE RD #12
FT. LAUD FL 33314

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	1.1 TITLE	PVT ☒ Change ☐ Addition
NAME	PRISCO, ROBERT	1.2 NAME	ROBERT, PRISCO
STREET ADDRESS	5450 S. STATE RD 7, #12	1.3 STREET ADDRESS	513 OLD GRIFFIN RD
CITY-ST-ZIP	FT. LAUD FL	1.4 CITY-ST-ZIP	DANIA, FL 33004
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	PRISCO, ROBERT	2.2 NAME	ROBERT PRISCO
STREET ADDRESS	5450 S. STATE RD. 7, #12	2.3 STREET ADDRESS	513 OLD GRIFFIN RD
CITY-ST-ZIP	FT. LAUD FL	2.4 CITY-ST-ZIP	DANIA, FL 33004
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: [signature] ROBERT J. PRISCO 5/1/95 (305) 922-3662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0223637 CP