

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L56057 (17)

1. Corporation Name

Diversified Graphics & Reproductions, Inc.

Principal Place of Business

406 S. "H" Street  
Lake Worth FL 33460  
US

Mailing Address

406 S. "H" Street  
Lake Worth FL 33460

98 AUG 14 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/6/1990

4. FEI Number

65-0184703

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Barnes, Gloria E.

82 Street Address (P.O. Box Number is Not Acceptable)

406 S. "H" Street

83

Lake Worth

84 City

FL

85 Zip Code

33463

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 Gloria E. Barnes Gloria E. Barnes VPTD.

8-13-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD

NAME Padilla, Aura Y  
STREET ADDRESS 6259 Saxon Blvd  
CITY-ST-ZIP W. Palm Beach FL

TITLE VPTD

NAME Barnes, Gloria E  
STREET ADDRESS 3153 Emerson Ave  
CITY-ST-ZIP Lake Worth FL

TITLE D

NAME Padilla, Jaime  
STREET ADDRESS 6259 Saxon Blvd.  
CITY-ST-ZIP W.P.B. FL

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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\*\*\*\*\*61.25 \*\*\*\*\*61.25

Padilla, Claudia  
5876 S. 37th Ct  
Greenmores FL 33463

14. I 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 if changed, or on an attachment with an address.

SIGNATURE

8/13/98

CR2E034 (10/97)