

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L56057

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
US

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90104 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1990

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4623 10th AVE. N.

2a. Mailing Address

26 4623 10th AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAKE WORTH FL

City & State

28 LAKE WORTH, FL

Zip

24 33463

Country

25 U.S.

Zip

29 33463

Country

30 U.S.

9. Name and Address of Current Registered Agent

BARNES, GLORIA E
406 S. "H" STREET
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

BARNES, GLORIA E.

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

4623 10th AVE. N.

83

84

City LAKE WORTH

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

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

(NOTE: Registered Agent signature required when reinstating)

3/18/99

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE

NAME PADILLA, AURA Y
STREET ADDRESS 6259 SAXON BLVD.
CITY-ST-ZIP W. PALM BEACH FL

TITLE VPTD ☐ DELETE

NAME BARNES, GLORIA E
STREET ADDRESS 3153 EMERSON AVE.
CITY-ST-ZIP LAKE WORTH FL

TITLE D ☐ DELETE

NAME PADILLA, JAIME
STREET ADDRESS 6259 SAXON BLVD.
CITY-ST-ZIP W. PALM BEACH FL

TITLE P ☐ DELETE

NAME PADILLA, CLAUDIA
STREET ADDRESS 5878 S. 37TH CT
CITY-ST-ZIP GREENACRES FL 33463

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Barnes, Gloria E
3153 Emerson Ave.
Lake Worth FL

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Padilla, Jaime
6259 Saxon Blvd
W. Palm Beach FL 33461

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99
Date

Daytime Phone #

CR2E034 (11/98)