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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L59975

MBA GRAPHICS, INC.

Principal Place of Business

Mailing Address

Totale Control Control 97 JUL -8 PM 12: 05 SECRETARY OF STATE TALLAHASSEE FLORIDA

951 THORNTON R BUITE 107 LITHIA SPRINGS ( JS		351 THORNTON ROAD SUITE 107 LITHIA SPRINGS GA 30057-1589 US			3. Date Incorporated or Qualified 03/26/1990	ſ	Pate of Last Report			
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Applied For				
1		26			<b>59-2999449</b> Not Applicable					
Suite, Apt. #,	etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	M	\$8.75 Additional Fee Required		
City & State		City & Sta	le			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 4	Country 25	Zip <b>29</b>	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\simega\) No				
	9. Name and Address of Co	rrent Registered Ager	nt	10. Name and Address of New Registered Agent						
	, Ronald B SSENER CIRCLE			81		(0.0 B. N				
BRANDON FL 33511				82 83						
				84	City			85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating)  BATE												
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	DVP	☐ DELETE	1.1 TITLE	6000002233	3646							
NAME	BERGER, MAX		1.2 NAME	-07/09797 ****558.75	DT046=-	002_						
STREET ADDRESS	1011 COTORRO AVENUE		1.3 STREET ADDRESS	****558.75	****5	58.75						
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY - ST - ZIP									
TITLE	VPST	DELETE	21 TITLE	DVPST	Change	X Addition						
NAME	EVANS, RONALD B		2 2 NAME	Ronald B. Evans								
STREET ADDRESS	128 BESSENER CIRCLE		2 3 STREET ADDRESS	128 Bessener Circle								
CITY-ST-ZIP	BRANDON FL		2. 4 CITY - ST- ZIP	Brandon, FL								
TITLE	DP\$	DELETE	3.1 YITLE	DP	<b>K</b> Change	Addition						
NAME	ADERHOLD, DAVID		3.2 NAME	David Aderhold								
STREET ADDRESS	5005 CHAPEL CROSSING		3.3 STREET AODRESS	5005 Chapel Crossing								
CITY-ST-ZIP	DOUGLASVILLE GA		3 4. CITY-ST-ZIP	Douglasville, GA								
TITLE		☐ DELETE	4.1 TITLE		Change	■ Addition						
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREET ADDRESS									
CITY-ST-2P			4.4 CITY-ST-ZIP									
TITLE		DELETE	5.1 TITLE		Change	Addition						
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY-ST-ZIP									
TITLE		☐ DELETE	6.1 TITLE		Change	Addition						
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
				1								

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 a man 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 atacherent with an address.

SIGNATURE:

77074/4333