## 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 #

CIGNATURE:

L60262

(7)

D & B GRAPHICS, INC.

FILED
May 04 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address						6 1000/00/1 010 01/1/1 00/7/0 4/0/10 01/1/0 1/0/		
971 NW 122 TEERR		P. O. BOX 82-2804 N/A SOUTH FL 33082-2904 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
L						03/26/1990	····	
<u>⊢≕</u> ·	lace of Business		2a. Mailing Address			4. FEI Number	<del></del>	Applied For
Suite, Apt.	# air	Suite, Apt. #, etc.	26 DOJEPE 9005M/ami ANE			65-0181012		Not Applicable
22	и, отс.	27	<del></del>			5. Certificate of Status Desired		Additional Required
City & Stat	e	City & State	_ } · ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-			6. Election Campaign Financing \$5,00 May Be		
23		28	a <sup>1</sup>					d to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30	30		Personal Property Tax due June 30		□ No
	9. Name and Address of Curre	nt Registered Agent	8	4 Non		10. Name and Address of New Regis	itered Agent	
	OCH, STEVEN R.		8	1 Nar	10			
	71 NW 122 TERR		82 Street Ad		et Addre	ess (P.O. Box Number is Not Acceptable)		
į P	EMBROKE PINES FL 33026		8	2				
	-			1				
			8	4 City			85 Zip	o Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Sta	tutes, the abo	ve-nam	ed corpo	oration submits this statement for the purp	oose of changing	its registered
	egistered agent, or both, in the State in familiar with, and accept the oblig Stonature typed or probled name of registered as	gations of, Section 607,0505,	Florida Statut	es.		ion's board of directors. I hereby accept the	ne appointment a	s registered
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	CO PRESIDENT		1.1 TITLE	1.1 TITLE		PRESIDENT	Change	Addition
NAME	DOCH, STEVEN R.		1.2 NAM	1.2 NAME				
STREET ADDRESS	971 NW 122 TERR		1.3 STRE	1.3 STREET ADDRESS				
City-St-ZiP	PEMNBROKE PINES FL			1.4 CITY-ST-ZIP			☐ Change	T a describe
TITLE		ב שנננונ	2.1 TITLE				CT cualifie	Addition
NAME PARET ADDOLGS			2.2 NAME 2.3 STREET ADDRESS		,,			
STREET ADDRESS  CITY-ST-ZIP				2.4 City-St-Zip				
TITLE		DELETE		3.1 TITLE			☐ Change	Addition
NAME			3.2 NAMI					-
STREET ADDRESS			3.3 STRE	ET ADDRÉS	is			
CITY-ST-ZIP			3 4. CITY	- ST - ZIP				
TITLE		DELETE	4.1 TITLE				☐ Change	Addition
NAME			4 2 NAM	F	}			
STREET ADDRESS			4.3 STRE	ET ADDRES	is			
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITLE				∟ Change	Addition
NAME			5.2 NAMI		ł			
STREET ADDRESS				ET ADDRE	iS ]			
CITY-ST-ZIP		T nei etc	5.4 CITY				Channa	Addition
TITLÉ NAME		☐ DELETE	6.1 T(TLE 6.2 NAME				∐ Change	☐ Mudicion
STREET ADDRESS					20			
CITY-ST-ZIP			6.4 CITY	E1 ADDRES	2			
14. I hereby o	certify that the information supplied v	with this filing does not qualif	v for the exem	ption st	ated in §	Section 119.07(3)(i), Florida Statutes, I furt	ther certify that th	ne information
indicated officer or	on this annual report or supplement	al annual report is true and a eiver or trustee empowered	accurate and t	hat my	signature	e shall have the same legal effect as if ma irred by Chapter 607, Florida Statules; and	ade under oath; ti	hat I am an

4-23-81

(200) 992-7832