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FLORIDA DEPARTMENT OF STATE

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ANNU	NUAL REPORT 1997		Sandra B. Morth Secretary of Stat DIVISION OF CORPOR				Secretary of State					
DOCUMENT # L64237 (5) 1. Corporation Name GRAPHIC ARTS EQUIPMENT SERVICES, INC.) (5390 0) (14	11/11 84848 11 889 11/11	1201 210U 215H		81811 1181	
Principal Place P.O. BOX 76031 ST. PETERSBUR	1	iling Address BOX 76031 PETERSBURG FL 33734-6031				3. Date Incorporated or Qualified 13a. Date of Last Report						
						ļ	3. Date Incorp. 04/06/199			ate of Last Ri /01/1996	aport	
2. Principal P. 21 1218	o Business	7. N. 26	Po Box	762	53/		4. FEt Number 59-2992			Ap	pplied For ot Applicable	
Suite, Apt 1	#, etc	27	Suite, Apt #, etc.				5. Certificate of	Status Desired		\$8.75 A]
Caro & State	ETE. FI	- 5	St. PETE	41			6. Election Can			\$5.00	May Be	1
23 31.4 24 33 7 1	16 25 V	5A 29	12021	Cd.	SA		Trust Fund C 8. This corpora Florida Statu	tion has liability		Added to tax under s. No		-
		ess of Current Registe					10. Name and A					_
ST. PETERSBURG FL 33716					81 Name82 Street8384 City	Address	s (P.O. Box Num	ber is Not Accep	otable)	85 Zip (Code	
11. Pursuant to office or re agent. I and SIGNATURE.	o the provisions of Sec spistered ligery or bo stamiliar with and ad-	tions 607.0502 and 60 h, in the State of Florida capt the obligations of,	YC SOLMAI	æ	pove-named by the corputes.			statement for the statement fo			s registered registered	-
12.		DEFICERS AND DIRECT		13.	L Signature			HANGES TO OF		DIRECTOR	S IN 12	18
NAME STREET ADDRESS CITY-ST-ZIP	PD SOLITAIRE, STEVE 12128 28TH ST., N ST. PETERSBURG	l .	☐ DELETE			新新	SIDEUT VE SOLIT PO 28th PETE LT	AIRE N		☐ Change	Addition	20E024 /0/
THEF NAME SIMEEL ADDRESS	VS CUTTING, TERESA 12128 28TH ST., N ST PETERSBURG	₹.	X I DELETE	2.1 Tr 2.2 No	LE .	100 A	ATHAN IL WHITE PLIE FI	PINE C	e VS eche	Change	Addition	18
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CHY-SI-ZIF TITCE NAME SIBELL ADDRESS OILVEL ZIP			DELETE	4.3 9	Y-ST-ZIP LE ME EFT ADDRESS			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
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CITY-ST-ZIP TITCE NAME STREET ANDRESS CITY-ST-ZIP			DELETE	6.1 6.2 6.3 6.4	ST-ZIP T ADDRESS ST-ZIP					Change	Addition	
	y certify that the inform	nation supplied with this	filing does not qualify			tated in	Section 119.07(3)(i), Florida Sta	lutes. I furthe	er certify that	the	1

information indicated on this annual report or supplemental annual report is true and tarn an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or or an attachment with an address.

curate and that my signature shall have the same legal effect as if made under oath; that ecute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: