

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

FILED  
Sep 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L66121 (9)  
1. Corporation Name  
GRAPHIC WORKSHOP FINE ART AND DESIGN, INC.



Principal Place of Business

% RICKY G. COURTIER  
205 S. MYRTLE AVE.  
CLEARWATER FL 34616

Mailing Address

% RICKY G. COURTIER  
205 S. MYRTLE AVE.  
CLEARWATER FL 34616-5521

3. Date Incorporated or Qualified 04/18/1990  
3a. Date of Last Report 06/14/1996

2. Principal Place of Business 21 205 S. MYRTLE AVE. 2a. Mailing Address 26 205 S. MYRTLE AVE.  
4. FEI Number 59-3014510 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State CLEARWATER, FL 28 City & State CLEARWATER, FL  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33576 25 Country 29 Zip 33576 30 Country  
8. This corporation has liability for interligible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

COURTIER, RICKY G.  
205 S. MYRTLE AVE.  
CLEARWATER FL 34616

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D COURTIER, RICKY G. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTIER, RICKY G.	1.2 NAME	
STREET ADDRESS	205 S. MYRTLE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	D FOX, MICHAEL H. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, MICHAEL H.	2.2 NAME	
STREET ADDRESS	205 S. MYRTLE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

CR2E034 (9/96)

2-12-97 (83)