FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L90293** **(6)**

1. Corporation Name
LACROSSE GRAPHICS, INC.

Principal Place of Business	Mailing Address
2110 N. U.S. 1 FT. PIERCE FL 34946 US	87 PINEWOOD LANE FT. PIERCE FL 34947-3427

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 07/19/1990	3a. Date of Last Report 04/28/1995
4. FEI Number 65-0204883	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

LACROSSE, DAVID J.
87 PINEWOOD LANE
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: ECKEL, SABINA R.
82 Street Address (P.O. Box Number is Not Acceptable): 405 FERNENDINA STREET
83
84 City: FT. PIERCE FL 85 ZIP: 34946

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: Sabina R. Eckel V.P. SABINA R, ECKEL VICE PRESIDENT MAY 1, 1996
(Note: Registered Agent's signature required if name is changed.) DATE

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change / Addition
TITLE	D		11 TITLE	D	☒ Change ☐ Addition
NAME	ECKEL, SABINA M		12 NAME	Eckel, SABINA R.	
STREET ADDRESS	405 FERNANDINA STREET		13 STREET ADDRESS	405 fernandina street	
CITY-ST-ZIP	FT. PIERCE FL		14 CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	☐ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	LACROSSE, KATHLEEN A.		22 NAME	LACROSSE, DAVID J.	
STREET ADDRESS	87 PINEWOOD LANE		23 STREET ADDRESS	87 PINEWOOD LANE	
CITY-ST-ZIP	FT. PIERCE FL		24 CITY-ST-ZIP	FT.PIERCE,FL	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sabina R. Eckel SABINA R. ECKEL 5/1/96 (407)465-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #