File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS 98 APR -6 AMII: 15

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address of Limited Liability Company

DOCUMENT #

FULL-BORE GRAPHICS, L.C.

L95000000439

1a. Principal Place of Business Address

6543 46TH STREET N

6543 46TH STREET N **SUITE 1110 SUITE 1110** PINELLAS PARK FL 34665 PINELLAS PARK FL 34665

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		06/06/1995	FL	
Suite, Apr. W. Bic.		Sund, Apr. W. Sto.		4. FEI Number	Applied For	
City & State		City & State		59-3289928	Not Applicable	
Žip	Country	Zıp	Country	у	5. Date of Last Report	6. Certificate of Status Desired
					03/31/1997	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office		
DUSTON DI	TTTD D			Name		
RUZICKA, PHILIP R 6543 46TH STREET N			ł	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1110			1			
PINELLAS PARK FL 34665			Suite, Apt. #, etc.			
			ŀ	City		Zip Code
					FL	
Q. Pursuant to the provisions of Sections 608 416 and 608 508. Florida Statutes, the above named limited liability company submits this statement for the purpose of changing						

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE		DATE
If Direct Located A	and Assenting Assessment (AIC) I. Devotered Assert asserture to	contract subservace and others.

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM MGRM	•	6543 46TH STREET N. SUITE 6543 46TH STREET N. SUITE	PINELLAS PARK FL PINELLAS PARK FL
•		901	DOO24056633 -04/10/9801119010 ****188.75 ****188.75

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY MANAGING MEMBER OR MANAGER

Date

Daytine Phone #