

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 # **M14375**

(3)

1. Corporation Name:

K.C. GRAPHICS SPECIALTIES, INC.



Principal Place of Business

**4284 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328**

Mailing Address

**4284 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328**

2. Principal Place of Business

2a. Mailing Address

21 **DAVIE FL**
State, Apt. #, etc.

26 **Same**
State, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
25

29
30

9. Name and Address of Current Registered Agent

**WAMPLER, BUCHANAN & BREEN
900 SUN BANK BLDG.
777 BRICKELL AVE.
MIAMI FL 33131**

3. Date Incorporated or Qualified
04/23/1985

3a. Date of Last Report
08/10/1995

4. FEI Number

59-2525663

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

10. Name and Address of New Registered Agent

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 of person or professional of registered agent and if not applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PVD
DISBROW, KENNETH C.
8840 SW 49 PLACE
COOPER CITY FL**

☐ DELETE

**STD
DISBROW, JULIA J.
8840 SW 49 PLACE
COOPER CITY FL**

☐ DELETE

**STD
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8840 SW 49 PLACE
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COOPER CITY FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julia J. Disbrow

2/1/96 954-472-4227

CR2E034 (12/95)