

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 # M79333

(4)

1. Corporation Name  
CANADA GRAPHICS, INC.



Principal Place of Business

~~216 S MILITARY TRAIL~~  
~~DEERFIELD BEACH FL 33442~~  
~~US~~

Mailing Address

~~216 MILITARY TRAIL~~  
~~DEERFIELD BEACH FL 33442~~  
~~US~~

3. Date Incorporated or Qualified  
05/04/1988

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

21 11004 LA SALINAS CIR

Suite, Apt. #, etc.

2a. Mailing Address

26 11004 LA SALINAS CIR

Suite, Apt. #, etc.

4. FEI Number

65-0046752

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

22 City & State

23 BOCA RATON, FL

Zip

Country

33428 USA

27 City & State

28 BOCA RATON, FL

Zip

Country

33428 USA

9. Name and Address of Current Registered Agent

FELDMAN, JOEL E  
SANCTUARY CENTER TOWER D, STE 207  
4800 N FEDERAL HWY  
BOCA RATON FL 33431

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME CANADA, JAMES, M.  
STREET ADDRESS 216 S MILITARY TRAIL  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ~~PD~~ ☒ DELETE

NAME ~~MAECHTE, JOHN P~~  
STREET ADDRESS ~~216 S MILITARY TRAIL~~  
CITY-ST-ZIP ~~DEERFIELD BEACH FL~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11004 LA SALINAS CIRCLE  
BOCA RATON, FL 33428

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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

Date

Daytime Phone #

CR2E034 (12/95)