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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M86641

1. Corporation Name

	GRAPHICS, INC.					
Principal Place of Business Mailing Address					•	;
3325 COUNTY RD 102 3325 COUNTY RD 102 SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695					DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualifed 06/23/1988	
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For
21 26					59-2900153	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22 27 27 27 27 27 27 27 27 27 27 27 27 2				··	a Si vi a Constalia Sistembra	
City & State City & State 28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip Coun		,	8. This corporation owes the current ye	
24	25	29 31	0		Personal Property Tax.	Yes □No
	9. Name and Address of Curre	nt Registered Agent	81	1	10. Name and Address of New Regist	ered Agent
HOFER, EDWARD						,
3325 COUNTY ROAD 102 SAFETY HARBOR FL 34695			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
			83			
			84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code
					· ·	FL   1
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statutes e of Florida. Such change was auth ations of, Section 607.0505, Florid	, the abov norized by la Statutes	e-named corp the corporations.	oration submits this statement for the purpoon's board of directors. I hereby accept the	ose of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: Re	egistered Age	nt signature require	d when reinstating)	TÉ
12. OFFICERS AN		, , , ,		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		19 year to thus	☐ Change ☐ Addition
NAME	HOFER, EDWARD		1.2 NAME	l		
STREET ADDRESS	3325 ENTERPRISE RD. E.		1.3 STREE	TADDRESS		
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		,	☐ Change ☐ Addition
NAME	HOFER, DIANA					
STREET ADDRESS	OLO ENTERNITION TO E.		2.3 STREE	TADDRESS	·	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE	Market .	☐ DELETE	3.1 TITLE			
NAME			3.2 NAME	T ADDRESS		
STREET ADDRESS			3.4, CITY-			☐ Change → ☐ Addition
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	31-ZIF		Change ( Addition
NAME			4. 2 NAME	:		
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME		- 1. 188 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
OTDEET ADDRESS	1		■ 53 STREE	TADDRESS		

14. I 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF RRIMTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90026 019 \*\*\*150.00

Addition