

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 # **P25603** (2)

1. Corporation Name
MAGNA-GRAPHIC/SOUTH, INC.



Principal Place of Business
**2528 PALUMBO DR.
LEXINGTON KY 40509**

Mailing Address
**2528 PALUMBO DR.
LEXINGTON KY 40509**

3. Date Incorporated or Qualified 08/11/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 61-1164454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MITCHELL, CHARLES JR
542 PINE CREEK DRIVE
ORLANDO FL 32811**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VCD <input type="checkbox"/> DELETE
NAME	ENGLE, KENNEDY
STREET ADDRESS	2528 PALUMBO DR.
CITY-ST-ZIP	LEXINGTON KY
TITLE	VTD <input type="checkbox"/> DELETE
NAME	MITCHELL, CHARLES D., JR
STREET ADDRESS	2528 PALUMBO DR.
CITY-ST-ZIP	LEXINGTON KY
TITLE	DC <input type="checkbox"/> DELETE
NAME	MITCHELL, CHARLES D.
STREET ADDRESS	2528 PALUMBO DR.
CITY-ST-ZIP	LEXINGTON KY
TITLE	VCD <input type="checkbox"/> DELETE
NAME	ENGLE, KENNEDY
STREET ADDRESS	2528 PALUMBO DRIVE
CITY-ST-ZIP	LEXINGTON KY
TITLE	VPC <input type="checkbox"/> DELETE
NAME	HORDL, III CHARLES W.
STREET ADDRESS	2528 PALUMBO DR.
CITY-ST-ZIP	LEXINGTON KY
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Charles W. Hord, II* Charles W. Hord, II 4/10/96 (606) 268-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)