

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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**95 APR 17 PM 3:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28993 (4)**

1. Corporation Name  
**GRAPHIC SECURITIES SYSTEMS CORP.**

Principal Place of Business <b>6415 LAKE WORTH RD. 305 LAKE WORTH FL 33463-3009 US</b>	Mailing Address <b>505 NORTHERN BOULEVARD GREAT NECK NY 11021</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/20/1990</b>	3a. Date of Last Report <b>03/22/1994</b>
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>6415 LAKE WORTH ROAD</b>	4. FEI Number <b>11-2575050</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>305</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23	City & State 28 <b>LAKE WORTH, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24	Country 25	Zip 29 <b>33463</b>	Country 30 <b>USA</b>

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**ALASIA, ALFRED V.  
6415 LAKE WORTH ROAD, SUITE 305  
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature: Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-appointing.

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>ALASIA, ALFRED V.</b>
STREET ADDRESS	<b>9720 PINE MILL COURT</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>VSD</b>
NAME	<b>ALASIA, ELEANOR</b>
STREET ADDRESS	<b>9720 PINE MILL COURT</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>D</b>
NAME	<b>PALMICH, JOSEPH</b>
STREET ADDRESS	<b>7594 TAHITI LN</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 addition.

SIGNATURE: Alfred V. Alasia **ALFRED V. ALASIA** **4/10/95** **(407)966-0501**

SIGNATURE AND TITLE MUST BE PRINTED, NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #