

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 # P28993

1. Corporation Name

GRAPHIC SECURITIES SYSTEMS CORP.

FILED
May 01, 1996 08:00 AM
Secretary of State

Principal Place of Business Mailing Address

**6415 Lake Worth Road
Suite #305
Lake Worth, FL 33463-3009**

3. Date Incorporated or Qualified 04/20/90	3a. Date of Last Report 4/5/95
4. FEI Number 11-2575050	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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	2b. Mailing Address
21 Suite, Apt. #, etc.	26 6415 Lake Worth Road
22 City & State	27 Suite, Apt. #, etc. 305
23 Zip	28 City & State Lake Worth, FL
24 Country	29 Zip 33463
25	30 Country USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALASIA, ALFRED V.		81 Name	
6415 LAKE WORTH ROAD, SUITE 305		82 Street Address (P.O. Box Number is Not Acceptable)	
LAKE WORTH, FL 33463		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 _____ DATE _____
Signature (typed or printed name of registered agent and the corporation) _____ Date of Registration (Agent Signature required after registration)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P	1.2 NAME	
STREET ADDRESS	ALASIA, ALFRED V.	1.3 STREET ADDRESS	
CITY - ST - ZIP	9720 Pine Mill Court	1.4 CITY - ST - ZIP	
	Lake Worth, FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME	VSD	2.3 STREET ADDRESS	
STREET ADDRESS	ALASIA, ELEANOR	2.4 CITY - ST - ZIP	
CITY - ST - ZIP	9720 Pine Mill Court	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Lake Worth, FL	3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME		3.4 CITY - ST - ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME		4.4 CITY - ST - ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME		5.4 CITY - ST - ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME		6.4 CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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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: _____ **Alfred V. Alasia** **4/29/96** **(407)966-0501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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5/1/96