

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000008274 (1)

1. Corporation Name

MERKEL SCHLEICHER GRAPHIC COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

1000 N MAGNOLIA AVE
C
ORLANDO FL 32803
US

1000 N MAGNOLIA AVE
#C
ORLANDO FL 32803
US

3. Date Incorporated or Qualified
01/29/1993

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 228 WEBER ST.

26 228 WEBER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32803

Country
USA

Zip
32803

Country
USA

4. FEI Number
59-3167969

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERKEL, KURT
1000 N MAGNOLIA AVE #C
ORLANDO FL 32803

81 Name MERKEL, KURT
82 Street Address (P.O. Box Number is Not Acceptable) 228 WEBER ST.
83
84 City ORLANDO FL 85 Zip Code 32803

11. Pursuant to the provisions of Sections 607.0132 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	D	<input type="checkbox"/> DELETE
NAME	MERKEL, KURT	
STREET ADDRESS	1000 N MAGNOLIA AVE #C	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLEICHER, KURT	
STREET ADDRESS	1000 N MAGNOLIA AVE #C	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MERKEL, KURT	
1.3 STREET ADDRESS	228 WEBER ST.	
1.4 CITY-ST-ZIP	ORLANDO, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHLEICHER, KURT	
2.3 STREET ADDRESS	228 WEBER ST.	
2.4 CITY-ST-ZIP	ORLANDO, FL	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

407 841-0315

CR2E034 (12/95)