

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 2: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015740 (2)

1. Corporation Name
FIELD WRITING AND GRAPHIC SERVICES, INC.

Principal Place of Business Mailing Address
**5473 N. UNIVERSITY DRIVE
SUITE 335
LAUDERHILL FL 33351**

DO NOT WRITE IN THIS SPACE.

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

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 03/02/1993 | 04/26/1994 |
| 4. FEI Number | Applied For |
| 65-0395750 | 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**FIELD, SUSAN
5473 N. UNIVERSITY DR., SUITE 335
LAUDERHILL FL 33351**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------|
| TITLE | P |
| NAME | FIELD, SUSAN |
| STREET ADDRESS | 20 THE COMMON |
| CITY - ST - ZIP | TAMARAC FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | |
| 1.2 NAME | FIELD, SUSAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.3 STREET ADDRESS | correction |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | |
| 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | |
| 3.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | |
| 4.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | |
| 5.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 in an attachment with an address.

SIGNATURE: *Susan Field* Susan Field

4-25-95 305-722-2442