

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000019705 (1)  
1. Corporation Name  
SPECTRUM GRAPHICS & ILLUSTRATION STUDIO, INC.



Principal Place of Business  
1122 SW 5TH STREET  
WINTER HAVEN FL 33880

Mailing Address  
1122 SW 5TH STREET  
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

|  |                 |                        |                 |   |                                |
|--|-----------------|------------------------|-----------------|---|--------------------------------|
| 2. Principal Place of Business   |                 | 2a. Mailing Address    |                 | 3. Date Incorporated or Qualified<br>03/12/1993   |                                |
| 21 Suite, Apt. #, etc.   | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number<br>59-3171583   | Applied For<br>Not Applicable  |
| 23 Zip   | 24 Country      | 28 Zip                 | 29 Country      | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 25   | 26              | 29                     | 30              | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 9. Name and Address of Current Registered Agent<br>PEARCE, LISA<br>214 N LAKE HATRIDGE DR<br>WINTER HAVEN FL 33881 |                 |                        |                 | 10. Name and Address of New Registered Agent<br>81 Name<br>PEARCE, LISA<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>140 WYNDHAM DR<br>83<br>84 City<br>WINTER HAVEN FL 85 Zip Code<br>33884 |                                |

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 LISA PEARCE LISA PEARCE, President 4/15/98  
(NOTE: Registered Agent signature required when reinstalling)

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |
|----------------------------|-------------------------|---|------------------------|
| TITLE                      | DP                      | 1.1 TITLE   | DP                     |
| NAME                       | PEARCE, LISA            | 1.2 NAME  | PEARCE, LISA           |
| STREET ADDRESS             | 214 N LAKE HARTRIDGE DR | 1.3 STREET ADDRESS                                    | 140 WYNDHAM DR         |
| CITY-ST-ZIP                | WINTER HAVEN FL 33881   | 1.4 CITY-ST-ZIP                                       | WINTER HAVEN, FL 33884 |
| TITLE                      |                         | 2.1 TITLE   |                        |
| NAME                       |                         | 2.2 NAME  |                        |
| STREET ADDRESS             |                         | 2.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                         | 2.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |                         | 3.1 TITLE   |                        |
| NAME                       |                         | 3.2 NAME  |                        |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                         | 3.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |                         | 4.1 TITLE   |                        |
| NAME                       |                         | 4.2 NAME  |                        |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |                         | 5.1 TITLE   |                        |
| NAME                       |                         | 5.2 NAME  |                        |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |                         | 6.1 TITLE   |                        |
| NAME                       |                         | 6.2 NAME  |                        |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |                        |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: LISA PEARCE LISA PEARCE, PRES. 4/15/98 941/297-9076

CR2E034 (10/97)