

4-19-95 B-3729-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 18 PM 5:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P93000022987 (0)
 1. Corporation Name
VIRGIN GRAPHICS, INC.

Principal Place of Business Mailing Address

**7251 W PALMETTO PK RD
 S200
 BOCA RATON FL 33433
 US**

**7251 W PALMETTO PK RD
 S200
 BOCA RATON FL 33433
 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/26/1993** 3a. Date of Last Report **04/12/1994**

4. FEI Number **65-0397609** 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

2. Principal Place of Business 2a. Mailing Address

21 **445 N.W. 1ST AVENUE** 26 **445 N.W. 1ST AVENUE**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **FT. LAUDERDALE, FLORIDA** 28 **FT. LAUDERDALE, FLORIDA**

24 **33301** 25 **BROWARD** 29 **33301** 30 **BROWARD**

9. Name and Address of Current Registered Agent

**ROSEN, JOEL
 10558 MAPLE CHASE DR
 BOCA RATON FL 33498**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, JOEL	12 NAME	
STREET ADDRESS	10558 MAPLE CHASE DR	13 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 111.07(3)(b), 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 officer 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 of this report, or in an amendment with an address.

SIGNATURE: _____ **JOEL ROSEN** 4/11/95 305-522-1977

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Telephone Number)