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 # **P93000028659 (9)**

1. Current Name

ABSOLUTE GRAPHICS AND PRINTING, INC.

Principal Address

2800 LAKE ARNOLD PLACE
ORLANDO FL 32809

Mailing Address

2800 LAKE ARNOLD PLACE
ORLANDO FL 32809

2. Former Name(s) or Other Name(s)

21

Former Name(s)

22

Former Name(s)

23

24 | 25 County

2a. Mailing Address

26

Former Name(s)

27

Former Name(s)

28

29 | 30 Country

3. Date Incorporated or Qualified: **04/19/1993**

3a. Date of Last Report: **08/18/1995**

4. FEI Number: **59-3180540** [ ] 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

NATHE, LYNN D
2800 LAKE ARNOLD PLACE
ORLANDO FL 32809

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 Section 607.0501, 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 and the corporation's current director(s) or officer(s) do hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0501, Florida Statutes.

12. Officers and Directors

D
NATHE, LYNN D
2800 LAKE ARNOLD PLACE
ORLANDO FL 32809

[ ] Delete

[ ] Delete

[ ] Delete

[ ] Delete

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: D Lynnette Nath — PRESIDENT 1/19/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)