Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90041 030 ***150.00

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

¿ PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000029712

1. Corporation Name

TRI-COUNTY SERVICE GRAPHIC ARTS EQUIPMENT, INC.

Principal Place of Business Mailing Address							
P.O. BOX 220137			P.O. BOX 220137				
HOLLYWOOD FL 33022		HOLLYWOOD FL 33022					
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
		14-31- Address					04/22/1993 .4. FEI Number Applied For
2. Principal Place of Business			2a. Mailing Address			=	65-0410304 Not Applicable
21		26	Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt. #, etc.		27	⊢				5. Certificate of Status Desired Fee Required
City & State		21	City & State				6. Election Campaign Financing S5.00 May Be
¬ '		20	28				Trust Fund Contribution Added to Fees
Zip Country		20	Zip Country			8. This corporation owes the current year Intangible	
	25	29	--	30	•		Personal Property Tax.
24	9. Name and Address of Currer		tered Agent	1001	T		10. Name and Address of New Registered Agent
	5		<u>, , , , , , , , , , , , , , , , , , , </u>		81	Name	•
FELICIAN, DANIEL					82		
4318 ROOSEVELT ST.						Street Addre	ess (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33021							
					83		
					84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t						named serve	· — <u> </u>
l office or r	agistered agent, or both, in the State	of Florid	la. Such change was	authorize	a by	ine corporatio	on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	itions of,	Section 607.0505, FI	lorida Sta	utes	•	
SIGNATURE							(when reinstating) DATE
	Signature, typed or printed name of registered age OFFICERS AN		· · · · · · · · · · · · · · · · · · ·		<u> </u>	t signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRE	DELETE	13. 1.1 T			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR IN 12
TITLE	DP DANIE		Decem				
NAME FELICIANO, DANIEL				1.2 NAME		4DDD500	
STREET ADDRESS 4318 ROOSEVELT ST.				1.3 STREET ADDRESS		Į.	
CITY-ST-ZIP			P-1		TY-5	T-ZIP	☐ Change ☐ Addition
TITLE	DST			2.11		ľ	Cause Constitution
NAME '	FELICIANO, SHARON			2.2 N			
STREET ADDRESS				.235	TREET	ADDRESS	The second secon
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-S	T-ZIP	Change Addition	
TITLE			☐ DELETE	3.1 TITLE			
NAME				3.21	IAME		
STREET ADDRESS	•			3.3 9	TREET	F ADDRÉSS	
CITY-ST-ZIP				3.4.	CITY-S	T-ZIP	
TITLE			☐ DELETE	4,11	ME		
NAME				4. 2			Change Addition
STREET ADDRESS	•				VAME		Change Addition
CITY-ST-ZIP				4.3 5		T ADDRESS	☐ Change ☐ Addition
			<u> </u>				
TITLE			DELETE	4.4 (TREET		☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME			☐ DELETE	4.4 C	TREET		
\			☐ DELETE	4.4 C 5.1 1 5.2 i	TREET TY-\$ TILE IAME		
NAME STREET ADDRESS	,		☐ DELETE	5.1 1 5.2 t 5.3 5	TREET TY-\$ TILE IAME	T-ZIP	☐ Change ☐ Addition
NAME			☐ DELETE	5.1 1 5.2 t 5.3 5 5.4 0	TREET TILE TAME	T-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 changing, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP