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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996	000 11	TEST /	DIV	ISION OF C	CORPORATION	ONS				
DOCUMENT # P93000041107 (2)  THREAD GRAPHICS INC.							L (884/88) (12 18/88   1/1/1 88//1 88	is: <b>Al</b> aid <b>Aà</b> id		14   1   1864   1861	
Principal Place	of Business		M	ailing Addre	SS			i indiindi fik ifiiba iiii datii da	(() <b>48</b> 1)( 881(4	#10#1  18#1  1##1	
1380-D N.W. 65TH AVE. 1380-D N.W. 65TH AV PLANTATION FL 33317 PLANTATION FL 33317											
	2 4441.		·					Date Incorporated or Qualifier	d 3a. D	ate of Last Re	eporl
								06/10/1993		03/13/199	
2. Principal Piad	ce of Business		-	Mailing Ad	Idress			4. FEI Number		<b></b>	Applied For
Suite, Apt. #	t etc		26	Suite, Apt	. #. etc.			65-0417612			Not Applicable Additional
2	, 010		27	Carrel 1 450	. ,, 0.0.			5. Certificate of Status Desired			Required
City & State				Crty & Sta	te			6. Election Campaign Financing			May Be
3	·	<del></del>	28			T Ca late		Trust Fund Contribution			to Fees
Zip 4	25	Country	29	Ζιp		Country 30	ý	8. This corporation has liability f	or⊪nangibi ∕es ∏No		199.032,
3	Ik	Address of Curre		tered Age	nt	1301		10. Name and Address of Nev			
	<del></del>					81	Name				
JOHNSO	N, HENRY W					82	Street Add	ress (P.O. Box Number is Not Accep	table)		
	IVERSITY DRIV	Æ									
SUITE 30						83	l l				
OCC11 O										··· · · · · · ·	
UUKAL S	SPRINGS FL 3	3071				84	City			.   <b>85</b>   Zij	Code
4.1 Durouget to	o the provinces	of Sactions 607.050	02 and 60	07.1508, Flo	orida Statute as authorize	s the above	named coroc	oration submits this statement for the ard of directors. I hereby accept the a	nurpose of	changing its r	egistered office
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ed agent, or both h, and accept th	of Sactions 607.050	orida. Sucl ction 607.	h change w .0505, Florid	as authorize da Statutes.	s, the above- d by the corp	named corpo poration's boa	and of directors. Thereby accept the a	purpose of ppointment	changing its r as registered	egistered office agent. I am
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ed agent, or both h, and accept th Signature typed or pro	of Sections 607.050 n, in the State of Flo e obligations of, Sec	orida. Suci otion 607. oct and trie in	h change w .0505, Florid appreable CTORS	as authorize da Statutes.	s, the above- d by the corp E. Rogistereo Age	named corporation's boa	ard of directors. I hereby accept the a	purpose of ppointment	changing its r as registered	egistered office agent. I am RS IN 12
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ed agent, or both h, and accept th Signature typed or pre	of Sections 607.050 n, in the State of Flo le obligations of, Sec integration of registers ago OFFICERS AI	orida. Suci otion 607. oct and trie in	h change w .0505, Florid appreable CTORS	as authorize da Statutes.	s, the above- d by the corp  E. Registered Age  13.	named corpo poration's boa att synature requir	and of directors. Thereby accept the a	purpose of ppointment	changing its r as registered	egistered office agent. I am
11. Pursuant to or registere familiar with SIGNATURE 5.12.	o the provisions ed agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registerest age OFFICERS AI	orida. Suci otion 607. oct and trie in	h change w .0505, Florid appreable CTORS	as authorize da Statutes.	s, the above d by the corp E. Fegislere Ap 13. 117//LE 12 NAME	named corpo poration is boa ant signature require	and of directors. Thereby accept the a	purpose of ppointment	changing its r as registered	egistered office agent. I am RS IN 12
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w .0505, Florid appreable CTORS	as authorize da Statutes.	s, the above- d by the corp  E. Roystoro Ap.  13.  1 1 TITLE  12 NAME  13 STREE	named corporation's boa	and of directors. Thereby accept the a	purpose of ppointment	changing its r as registered	egistered office agent. I am RS IN 12
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registerest age OFFICERS AI	orida. Suci otion 607. oct and trie in	h change w .0505, Florid approable CTORS	as authorize da Statutes.	s, the above d by the corp E. Fegislere Ap 13. 117//LE 12 NAME	named corporation's boo	and of directors. Thereby accept the a	purpose of ppointment	changing its r as registered	egistered office agent. I am RS IN 12
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w .0505, Florid approable CTORS	as authorize da Statutes. «NOI	s, the above- d by the corp  E. Poystore Ap  13.  1 1 THE  12 NAME  13 STREE  14 CHY-	named corporation's board squature remains	and of directors. Thereby accept the a	purpose of ppointment	changing its r as registered	egistered office agent. I am RS IN 12
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w .0505, Florid approable CTORS	as authorize da Statutes. «NOI	s, the above- d by the corp  13.  1 1 THE 12 NAME 13 STREE 1.4 CITY- 2 THILE 22 NAME	named corporation's board squature remains	and of directors. Thereby accept the a	purpose of ppointment	changing its r as registered	egistered office agent. I am RS IN 12
11. Pursuant to or registere familiar with SKGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0.505, Florid approache CTORS	as authorize da Statutes. (NO) DELETE	E. Propistorio Ap  13. 11 THEE 12 NAME 13 STREE 14 CITY- 2 THINE 23 STREE 24 CITY-	named corporation's boards signature requirement signature require	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered	egistered office agent. I am  RS IN 12 Addition
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0.505, Florid approache CTORS	as authorize da Statutes. «NOI	E. Fengistered Age  13. 11 THEE 12 NAME 13 STREE 14 CITY- 2 THITE 22 NAME 23 STREE 24 CITY- 31 THEE	named corporation's bost signature resource.  If ADDRESS ST-ZIP  T ADDRESS ST-ZIP	and of directors. I hereby accept the a	purpose of ppointment	changing its r as registered	egistered office agent. I am RS IN 12
11. Pursuant to or registere familiar with SIGNATURE 12.  112.  111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0.505, Florid approache CTORS	as authorize da Statutes. (NO) DELETE	E. Franstored Ay  13. 11 THEE 12 NAME 13 STREE 22 NAME 23 STREE 24 CITY 31 THEE 32 NAME	named corporation's bost signature restaure of ADDRESS ST-ZIP	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered	egistered office agent. I am  RS IN 12 Addition
11. Pursuant to or registere familiar with SIGNATURE 5.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0.505, Florid approache CTORS	as authorize da Statutes. (NO) DELETE	E. Population April 13.  1 1 Title 12 NAME 13 STREE 22 NAME 23 STREE 24 CITY 3 1 TITLE 32 NAME 33 STREE 32 NAME	named corporation's bookers required to the signature required to the	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered	egistered office agent. I am  RS IN 12 Addition
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0.505, Florid approache CTORS	as authorize da Statutes. (NO) DELETE	E. Penjistered April 13.  1 1 TITLE 12 NAME 13 STREE 22 NAME 23 STREE 24 CITY- 3 1 TITLE 32 NAME 33 STREE 34 CITY-	named corporation's book outside the signature received to ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered	egistered office agent. I am  RS IN 12 Addition
11. Pursuant to or registere familiar with SIGNATURE 5.  12.  11. Pursuant to or registere familiar with signature 5.  12. TITLE NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0.505, Florid approache CTORS	as authorize da Statutes. (NO) DELETE	E. Population April 13.  1 1 Title 12 NAME 13 STREE 22 NAME 23 STREE 24 CITY 3 1 TITLE 32 NAME 33 STREE 32 NAME	named corporation's bookers required to the signature required to the	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered	egistered office agent. I am  RS IN 12 Addition Addition
11. Pursuant to or registere familiar with SIGNATURE 5.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0.505, Florid approache CTORS	as authorize da Statutes. (NO) DELETE	E. Formstored April 13.  1 1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 1 TITLE 22 NAME 23 STREE 24 CITY- 3 1 TITLE 32 NAME 33 STRE 34 CITY- 4. 1 TITLE 42 NAME	named corporation's bookers required to the signature required to the	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered	egistered office agent. I am  RS IN 12 Addition Addition
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0.505, Florid approache CTORS	as authorize da Statutes.  (NO)  DELETE  DELETE  DELETE	E. Formstored Alp  13.  1 1 TITLE  12 NAME  2 NAME  2 NAME  24 CITY-  3 1 TITLE  32 NAME  33 STRE  34 CITY-  4. 1 TITLE  42 NAME	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered  NDD DIRECTO Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0.505, Florid approache CTORS	as authorize da Statutes. (NO) DELETE	E Propision Ap  13. 1 1 Title 12 NAME 13 STREE 24 CITY 3 1 TITLE 32 NAME 33 STREE 34 CITY 4. 1 TITLE 42 NAME 43 STREE 44 CITY 5 1 TITLE	named corporation's boards signature resputation of boards signature resputation of the signature respu	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered	egistered office agent. I am  RS IN 12 Addition Addition
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0.505, Florid approache CTORS	as authorize da Statutes.  (NO)  DELETE  DELETE  DELETE	E POPISION AP  13. 1 1 TITLE 12 NAME 13 STREE 24 CITY 3 1 TITLE 32 NAME 33 STREE 44 CITY 4. 1 TITLE 42 NAME 43 STREE 42 NAME 43 STREE 42 NAME 43 STREE 42 NAME 5 1 TITLE 52 NAME	named corporation's bookers attragrature require attragrature attr	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered  NDD DIRECTO Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0.505, Florid approache CTORS	as authorize da Statutes.  (NO)  DELETE  DELETE  DELETE	E PODESTORO ASP  13. 11 TITLE 12 NAME 13 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 42 NAME 43 STREE 42 NAME 43 STREE 42 NAME 43 STREE 52 NAME 53 STREE 52 NAME 53 STREE 55 NAME 53 STREE 55 NAME	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered  NDD DIRECTO Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition
11. Pursuant to or registere familiar with SIGNATURE	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0505, Florid approache CTORS	as authorize da Statutes.  (NO)  DELETE  DELETE  DELETE  DELETE	E PODESTORO AND THE CONTROL OF THE C	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered  ND DIRECTO Change Change Change Change	egistered office agent. i am  RS IN 12 Addition Addition Addition Addition
11. Pursuant to or registere familiar with SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0505, Florid approache CTORS	as authorize da Statutes.  (NO)  DELETE  DELETE  DELETE	E PODESTORO ASP  13. 11 TITLE 12 NAME 13 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 42 NAME 43 STREE 42 NAME 43 STREE 42 NAME 53 STREE 52 NAME 61 TITLE 52 NAME 61 TITLE 53 NAME 61 TITLE 61 TITLE	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered  NDD DIRECTO Change Change Change	egistered office agent. I am  RS IN 12 Addition Addition Addition
11. Pursuant to or registere familiar with SIGNATURE 5. TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	o the provisions ad agent, or both h, and accept the Signature typed or pre	of Sections 607.050 n, in the State of Flo e obligations of, Sec nted name of registered age OFFICERS AI E, JEAN A 7. 65TH AVE.	orida. Suci otion 607. oct and trie in	h change w. 0505, Florid approache CTORS	as authorize da Statutes.  (NO)  DELETE  DELETE  DELETE  DELETE	E Propision Ap  13. 11 Title 12 NAME 13 STREE 24 CITY 3 TITLE 32 NAME 33 STREE 44 CITY 4.1 TITLE 42 NAME 43 STREE 44 CITY 5 TITLE 52 NAME 53 STREE 61 TITLE 62 NAME	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	and of directors. I hereby accept the a	purpose of ppointment	changing its ras registered  ND DIRECTO Change Change Change Change	egistered office agent. i am  RS IN 12 Addition Addition Addition Addition

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: Jean a. Gelormine
JSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN A. GELORMINE

3/6/96 954-991-8480 eft 31