

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000043321 (7)

1. Corporation Name

SUN LION GRAPHICS, INC.



Principal Place of Business

1537 N.W. 65TH AVENUE
PLANTATION FL 33313

Mailing Address

1537 N.W. 65TH AVENUE
PLANTATION FL 33313

2. Principal Place of Business

21 10501 NW 50 ST

Suite, Apt. #, etc.

22 111

City & State

23 SUNRISE, FL

Zip

24 33351

Country

25 BROWARD

2a. Mailing Address

26 10501 NW 50 ST

Suite, Apt. #, etc.

27 111

City & State

28 SUNRISE, FL

Zip

29 33351

Country

30 BROWARD

3. Date Incorporated or Qualified

06/18/1993

3a. Date of Last Report

06/14/1995

4. FEI Number

65-0417678

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

9. Name and Address of Current Registered Agent

LURIE, JONATHAN C.
1537 N.W. 65TH AVENUE
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name

JONATHAN C. LURIE

82

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

10501 NW 50 ST STE 111

83

84

City

SUNRISE

FL

85 Zip Code

33351

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

Signature, typed or printed name of registered agent and the state chairman

Signature, typed or printed name of registered agent and the state chairman

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME LURIE, JONATHAN C
STREET ADDRESS 1537 N.W. 65TH AVENUE
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME LURIE, JONATHAN C.

1.3 STREET ADDRESS 10501 NW 50 ST STE 111

1.4 CITY-ST-ZIP SUNRISE, FL 33351

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this report is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

6-18-96

CR2E034 (12/95)