

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045990 (7)**

1. Corporation Name

PBE GRAPHICS WAREHOUSE, INC.

Principal Place of Business

6533 SOUTHERN BLVD.
WEST PALM BEACH FL 33413

Mailing Address

6533 SOUTHERN BLVD.
WEST PALM BEACH FL 33413

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

08/24/1994

4. FEI Number

65-0436606

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HANSEN, CHARLES F JR
6533 SOUTHERN BLVD.
WEST PALM BEACH FL 33413

10. Name and Address of New Registered Agent

81 Name: *Same*
82 Street Address: *None*
83 City: *None*
84 City: *None*
85 Zip Code: *None*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named _____ (the 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 title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	STEVENS, JOHN D
STREET ADDRESS	700 TEAL WAY
CITY ST ZIP	NORTH PALM BEACH FL
TITLE	DV
NAME	HANSEN, CHARLES F JR
STREET ADDRESS	9278 PERTH ROAD
CITY ST ZIP	LAKE WORTH FL 33467
TITLE	DS
NAME	HANSEN HANDON, JUDENE
STREET ADDRESS	9278 PERTH ROAD
CITY ST ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Hansen
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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, and 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 of this report, or on an attachment with an address.

SIGNATURE:

JUDENE A. HANSEN
DIRECTOR

3/30/95 407-478-2122

Date: _____ Registered Agent:

X 203