

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business

21 Sute, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Sute, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

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 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | DP                   | <input type="checkbox"/> DELETE |
| NAME           | STEVENS, JOHN D      |                                 |
| STREET ADDRESS | 700 TEAL WAY         |                                 |
| CITY-STATE-ZIP | NORTH PALM BEACH FL  |                                 |
| TITLE          | DV                   | <input type="checkbox"/> DELETE |
| NAME           | HANSEN, CHARLES F JR |                                 |
| STREET ADDRESS | 9278 PERTH ROAD      |                                 |
| CITY-STATE-ZIP | LAKE WORTH FL 33467  |                                 |
| TITLE          | DS                   | <input type="checkbox"/> DELETE |
| NAME           | HANSEN, JUDENE       |                                 |
| STREET ADDRESS | 9278 PERTH ROAD      |                                 |
| CITY-STATE-ZIP | LAKE WORTH FL        |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 619.073(5), 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 and the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 of changes of agents, as published into an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

407-478-2711

CR2E034 (12/95)