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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000045990 (7)

PBE GRAPHICS WAREHOUSE, INC.

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2. Principal Place of Business 2s. Mailing Address 4. FEI jumber 5.0436806 1. Feb. 26 5. Certificate of Status Desired 5. Certificate of North Residence 6. Election Company 6. This or or or of North Residence 6. Election Company 6. This or or or of North Residence 6. Election Company 6. This or or or or of North Residence 6. Certificate 6. Election Company 6. This or or or of North Residence 6. Certificate 6. Certificate			
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City & State City & Country Country Country Country Country Country Country City & Country City & Country City & Country Country City & Country	ot Applicat		
City & State Country Country Country Country Zip Country 25 29 30 Country B. This corporation has liability for injumpible tax under Florida Statutes [7] Yes No Name and Address of New Registered Agent HANSEN, CHARLES F JR 6533 SOUTHERN BLVD. WEST PALM BEACH FL 33413 81 City State Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip R4 City FL 85 Zip R5 R5 R6 City State R6 Election Campaign Financing Trust Fund Contribution Address of New Registered Agent Bill Name Street Address of New Registered Agent Bill Name R5 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip R5 R6 R6 Election Campaign Financing Trust Fund Contribution Address of New Registered Agent R6 R6 R6 R6 R6 R6 R6 R6 R6 R	Additional lequired		
Zip Country Zip Country Zip Country Zip Country Signature required when relinating Country Signature required when relinating Country Signature required when relinating Country	May Be to Fees		
9. Name and Address of Current Registered Agent HANSEN, CHARLES F JR 6533 SOUTHERN BLVD. WEST PALM BEACH FL 33413 82 Street Address (P.O. Box Number is Not Acceptable) 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 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typic or printed name of registered agent and trief applicable (NOTE Registered Agent signature regulated when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DP DELETE 1.1 TITLE STREET ADDRESS DITY-SI-7IP NORTH PALM BEACH FL 1.4 CITY-SI-7IP NORTH PALM BEACH FL 1.5 TITLE DV DELETE 2.1 TITLE OV DELETE 2.1 TITLE O	s. 199.032,		
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6.4 CITY-ST-ZIP

14. If do hereby certify that the information of phylical with this filling 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 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 corp ration for the copyer or fusive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changely or on an attachment with an address.

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-7/P

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

2/24/

561-478-2711

Change

Addition

Addition

Daytime Phone #

FILED

Mar 26 1997 8:00am

Secretary of State