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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000047902 (0)**

1. Corporation Name

GRAPHIC EVIDENCE, INC.

Principal Place of Business	Mailing Address
132 GULF SIDE DR ISLAMORADA FL 33036	132 GULF SIDE DR ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/30/1993	03/04/1994

2. Principal Place of Business	2a. Mailing Address
21 3100 S. ANDREWS AVE.	26 3200 S. ANDREWS AVE.
Suite, Apt. #, etc. 22 203	Suite, Apt. #, etc. 27 203
City & State 23 FORT LAUDERDALE, FL	City & State 28 FORT LAUDERDALE, FL
Zip 24 33316	Country 25 USA
Zip 29 33316	Country 30 USA

4. FEI Number: 65-0426794 ☐ 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

SERATA, ROBERT J
132 GULF SIDE DR
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name: ROBERT J. SERATA
82 Street Address (P.O. Box Number is Not Acceptable): 120 SAN MARCO DR.
83
84 City: ISLAMORADA FL 85 Zip Code: 33036

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 _____ DATE _____
*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	SERATA, ROBERT J	12 NAME	
STREET ADDRESS	132 GULF SIDE DR.	13 STREET ADDRESS	120 SAN MARCO DR.
CITY-ST-ZIP	ISLAMORADA FL	14 CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	VP	21 TITLE	☒ Change ☐ Addition
NAME	SERATA, BELINDA C	22 NAME	
STREET ADDRESS	132 GULF SIDE DR.	23 STREET ADDRESS	120 SAN MARCO DR.
CITY-ST-ZIP	ISLAMORADA FL	24 CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 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 any attachment with an address.

SIGNATURE: [signature] ROBERT J. SERATA 4/17/95 305-522-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0117681 CP