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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P930(RAPHICS, INC.	JUU5U999 (U)			
Principal Place of Business 8708 PINES BLYD PEMBROKE PINES FL 33024 US		Mailing Address 6708 PINES BLVD PEMBROKE PINES FL 33024-7544 US		1 108/1081 110 38104 (6/1/ 8011) 3 011/ 031/4	98791 91 11 0Q1F8 391 78 101(0 10(1 16Q1
			٠.	3. Date Incorporated or Qualified 07/21/1993	3a. Date of Last Report 04/23/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	All esta-	26		65-0424620	Not Applicable
Suite: Apt.	H, CUC.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	θ	City & State		6. Election Campaign Financing	\$5.00 May Be
23]		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Cu		30	10, Name and Address of New Reg	Yes No
DUV	ALL, FARIN	THE RESERVE OF THE PARTY OF THE	81 Name	-	harolen wheth
6111 HOLLYWOOD BLVD				PARIN DUWILC iress (P.Q. Box Number is Not Acceptable	(م)
HOL	LYWOOD FL 33024		670	8 PINGS BLYD	
			83		
			84 (1)	0000 0 100	85 Zin Code
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508. Florida Statute		BROKE PINES poration submits this statement for the pr	roose of changing its registered
Office of r	egistered agent, or boln, in the S	tate of Florida. Such change was a bligations of, Section 607,0505, Flo	authorized by the corpora	tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	man and and accompanies of	singarioris of, decident dov. 0000, 1 to	intia bialdies.		
	Signaline, systed or product name of registers	10. Marian - 19.04	Fingistered Agent signature requ		DATE
12. Title	PD	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Addition
NAME	DUVALL, FARIN	E Dittil	1.2 NAME		L. J Change L. Aduntion
STREET ADDRESS	221 N 68 WAY		1.3 STREET ADDRESS		
City-St-7iP	HOLLYWOOD FL		1.4 City - ST - ZIP		
्रामास	TD SARALL SARAL	☐ DELETE	2.1 TITLE		Change Addition
NAME	DUVALL, FARIN 221 N. 68 WAY		2.2 NAME		
*STREET ADDRESS	HOLLYWOOD FL		2.3 STREET ADDRESS		
CITY-S1-ZIP TITLE	HOLLINOOD IL	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		L Change Addition
SPREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4. CITY-ST-ZIP		
liice		DELETE	4.1 TITLE	· .	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP		☐ DELETE	4.4 CiTY - ST - ZiP		Change L tablica
TITLE NAME			51 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CHY-SI-ZP			54 CITY-ST-ZIP		
THE	TO SEC. TO SECULATE THE PARTY OF THE PARTY O	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAM:			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZiP	no newtife attend the tester of the	officed with the transfer of the con-	6 4 CiTY-S1-ZiP	d i- C- 1'- 140 07(01)	
informatio I am an of appears it	by certify that the Information sup or indicated on this annual report filter or director of the corporation or Block 12 or Block 13 if change	phed with this filling does not qualified or supplemental annual report is the or fusite empower of fusite empower or fusite and anactor on with an add	y for the exemption state ue and accurate and tha ered to execute this repo ress.	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida St	. I further certify that the effect as if made under oath; that atutes; and that my name

SIGNATURE:

TARIN DUVALL

(954) 964-3005

FILED

Apr 03 1997 8:00am

Secretary of State