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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 14 1998 8:00am Secretary of State

	1998	DIVISION OF CO	PRPORATIONS	
DOCUMENT # P93000050999 (0) FINE GRAPHICS, INC.				
Principal Place	e of Business	Mailing Address		
6708 PINES I		6708 PINES BLVD		
PEMBROKE F	MNES FL 33024	PEMBROKE PINES FL 3302	24	20 107 117175 11 7110 20 105
US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				07/21/1993
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0424620 Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Regulred
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23	•	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 3	0	Personal Property Tax due June 30. Yes No
NI NI	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
	IVALL, FARIN D8 PINES BLVD			
	MBROKE PINES FL 33024		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
, , ,			83	
			84 City	85 Zip Code
			1 1 -	
11. Pursuant i office or re	to the provisions of Sections 607.03 egistered agent or both, in the State	02 and 607.1408, Florida Statutes o of Florida Such change was aut	 the above-named co thorized by the corpor 	orporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with and accept the oblig	patious ection 607.0505, Florid	da Statutes.	4/7/98
SIGNATURE	Signature, typed or printed name of registered ag	and title if applicable (NOTE: F	Registered Agent signature rec	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD PARMALL PARMA	☐ DELETE	1.1 TITLE	Change Addition
NAME	DUVALL, FARIN 221 N 68 WAY		1.2 NAME	
STREET ADDRESS	HOLLYWOOD FL		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	TD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	☐ Change ☐ Addition
NAME	DUVALL, FARIN		2.2 NAME	•
STREET ADDRESS	221 N. 68 WAY	•	2 3 STREET ADDRESS	·
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADORESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE	☐ Change ☐ Additio
NAME		- Vector	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>
TITLE		DELETE	5 1 TITLE	Change Addition
NAME		j	5.2 NAME	
STREET ADDRESS		'	5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	Change Addition
TITLE NAME		L-1 DETELE	6.1 TITLE 6.2 NAME	L.J. Criarige L.J. Adonio
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 City-St-ZIP	
2011 91 20				

I hereby certify that the information supplied with this filing 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 eath; that I am an officer or director of the corporation or the true liver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change, or on a statistic than an address.

954) 964-3005