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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 P93000055937 (5) **DOCUMENT #** 

GRAPHIC COMMUNICATORS USA, INC.					
Principal Place of Business 1221 S 21 AVE HOLLYWOOD FL 33020		Mailing Address  9000 JACARANDA LANE STE - 202 PLANTATION FL 33324			
		U\$		3. Date Incorporated or Qualified 3a 08/10/1993	a, Date of Last Report 05/01/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FETNumber 65-0429757	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable  \$8.75 Additional
City & State		City & State			Fee Required
23	•	28		<b>6.</b> Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zırı	Country	Ζφ	Country	8. This corporation has liability for intan	
24	9. Name and Address of Curr	29 Penistered Agent	30		No
	g, rame bita Address of Carl	en negistereo Agent	81 Name J	10. Name and Address of New Regis	tered Agent
9000 SH SUITE 1 PEMBRO	DKE PINES FL 33024		83 /1 7 <i>C</i>	ICAMS, KOY T, dress (P.O. Box Nithber is Not Acceptable)  SO. S. W. 1174	PLACE  FL 85 70 Code
11. Pursuarit ti or registere familiar wit SIGNATURE.	o the provisions of Sections 607.05 ed agent, or both, in the State of Filiphan accept the obligations of, So by any accept the obligations of, So Signary by professionals or repaired as	ams St.	uites, the above-named corporated by the corporation's being the corporation's being the corporation of the	oration submits this statement for the purpose and of directors. Thereby accept the appointm	of changing its registered office ent as registered agent. I am
12.	OFFICERS /	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE NAME	SULYOK, ALEX	☐ DELFTE	1 1 TITLE		Change Addition
STREET ADDRESS CITY-ST ZIP	9000 JACARANDA LANE / PLANTATION FL	STE - 202	1.3 STHEET ADDRESS   1.4 C/TY - ST - Z P		
TITLE	ST	[] DELETE	2 1 TiTLE		Change Addition
NAME	SULYOK, FRANCES KRAM		2.2 NAMe		
STREET ADDRESS	9000 JACARANDA LANE / PLANTATION FL	31E - 202	2.3 STREET ADORESS		
CITY-ST-ZIP TITLE	T DATA MONTE		2.4 CHY-ST-ZIP 3.1 DILE	· · · · · · · · · · · · · · · · · ·	Change
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 Crty - St - ZiF		
TITLE		DELETE	4 1 THLE		Change Addition
NAMÉ			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CDY-ST-ZIP THLE		[] DECETE	4 4 CHY-SI-7IP		
NAME		Lipteri	5 1 TITLE 52 NAME		Change Addition
STREET ADDRESS			53 STREET ADDRESS		
CITY ST-ZIP			5.4 CHY-ST-7IP		
TITLE		DELETE	6 1 1111.5		Change
NAME			6.2 NAME		y L
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIF			6.4 CHTY+S1+ZIP		
oath; that I	the information indicated on this an	nual report or supplemental an poration or the receiver or trust	inual report is true and accordance. See empowered to execute th	for the exemption stated in Section 119.07(3); ate and that my signature shall have the same is report as required by Chapter 607, Florida t	local official on if woods and a
SIGNAT	URE: SIGNATURE AND TYPED	OR PRINTED NIGHE OF SIGNING OFFI	CER OR DIRECTOR	3/22/96	Dayte⇔ Phone ⊭