FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066785 (5)**

1. Corporation Name

GRAPHICS ARTS SOFTWARE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
~~1055 KENGINSTON PARK DR.~~ ~~UNIT 610~~ ~~ALTAMONTE SPRINGS FL 32714~~ ~~US~~	~~1055 KENGINSTON PARK DR.~~ ~~UNIT 610~~ ~~ALTAMONTE SPRINGS FL 32714~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/16/1993	04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 426 STANTON Place	26 426 STANTON PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Longwood, FL	City & State 28 Longwood FL
Zip 24 32779	Zip 29 32779
County 25 US	County 30 US

4. FEI Number 59-3202361 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BAILLARGEON, ROBERT~~ ~~1055 KENGINSTON PARK DR.~~ 426 STANTON PLACE ~~UNIT 610~~ ~~ALTAMONTE SPRINGS FL 32714~~ Longwood, FL 32779	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 Robert R Baillargeon 4/1/95
(Signature, title or capacity (letter of registered agent and title if applicable)) (NOTE: Registered Agent signature required when mailed in) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	BAILLARGEON, ROBERT	12 NAME	
STREET ADDRESS	~~1055 KENGINSTON PARK DR., UNIT 610~~	13 STREET ADDRESS	426 STANTON PLACE
CITY-ST-ZIP	ORLANDO FL 32714	14 CITY-ST-ZIP	Longwood FL 32779
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	SWEENEY, MICHAEL F	22 NAME	Delete
STREET ADDRESS	341 AGNES ST. Delete	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32714	24 CITY-ST-ZIP	
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 an attachment with an address.

SIGNATURE: Robert R Baillargeon 4/1/95 407-774-8312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000037 CP