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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 16 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016433 (2)

GRANADA GRAPHICS INCORPORATED

Drawingt Day	en al Buciruer	Moiling Address				
Principal Flace of Business Mailing Address A DIONAL AUG.				Consider the ratio being being denice and residently beat bride fill state		
4 SIGNAL AVE STE B		4 SIGNAL AVE STE B				
ORMOND BEAC	CH FL 32174		ORMOND BEACH FL 32174-8750			
					3. Date Incorporated or Qualified	3a. Date of Last Report
n Driverical I	Division of D. marsans	A. Mailine Adalase			03/01/1994	03/19/1996
1	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite Apt # etc		Suite, Apt. #, etc.		59-3231152	Not Applicable	
22]		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
2 .p	Country	Zip	Count	try	8. This corporation has liability for in	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	Istered Agent
	CMANUS, KIMBERLY A		10	31 Name		
	W GRANADA BLVD 311		82		dress (P.O. Box Number is Not Acceptable	e)
ORW	MOND BEACH FL 32174		_	<u></u>		
			ľ	33		
			8	34 City		85 Zip Code
	Contain 607 Of	00 2 002 4500 Florido OL				FL 153 Zip Code
office or r	registered agent, or both, in the State	e of Florida. Such change wa	as authorized	by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. Fa	am familiar with, and accept the oblig	gations of, Section 607.0505,	, Florida Statut	tes.	•	
SIGNATURI	Signification, typed or pentied mayor of registered age	rai manus	POTE: Degistered I		uired when reinstaling)	<u>-10-91</u>
12,		ND DIRECTORS	NOTE: Registered A	rdeur sibusiture redu	ADDITIONS/CHANGES TO OFFICE	DATE COC AND DIDECTORS IN 12
T III	P	DELETE	1.1 1111.5	F	ADDITIONS/OFFICE TO OFFICE	Change Addition
NAME	MACMANUS, KIMBERLY A		1.2 NAM			
STREET ADORESS	AA 1 41 1011 100 1 41 10			EET ADDRESS		
CITY ST-ZIP	ORMOND BEACH FL 32174			r-ST-ZIP		
THEF	V	DELETE	2.1 TITLE			Change Addition
NAME	MACMANUS, CHAD B		2.2 NAM	1		
STREET ADDRESS	28 LANDINGS LANE			EET ADDRESS	<u>;</u>	
CHY-S1-20*	ORMOND BEACH FL 32174			Y-ST-ZIP		•
Put		DELETE	3.1 (())			Change Addition
NAME			3.2 NAM	ie		•
STELL ALORESS			3.3 STRE	EET AUDRESS		
COLY+ST ZIP			3.4. CIT)	Y-ST-ZIP		
TITLE		DELETE	4.1 TITLE	····		Change Addition
NAME			4. 2 NAM	AE		
STETEL ADDRESS			4.3 STRE	EET ADDRESS		
COLY ST 2H			4.4 CITY	r-ST-ZIP		<u></u>
THE		DELETE	5.1 TITLE	E		☐ Change ☐ Addition
NAMI			5.2 NAM	Œ [
STREET ADORESS			5.3 STRE	EET ADDRESS		
City-St 7iF			5.4 CITY	'-ST-ZIP		
THE		DELETE	6.1 TITLE	E		Change Addition
NAME			6.2 NAM	iE		
STEEFT ALTORESS		•	6.3 STRE	EET ADDRESS		
Cith - St - 7IP		**************************************		-ST-ZIP		
14. I do heret informatic	by certify that the information supplie on indicated on this annual report or	ed with this filing does not qui supplemental annual report	ualify for the ex is true and ac	xemption state	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legat	. I further certify that the effect as if made under path: that
l am an o	officer or director of the corporation of	or the receiver or trustee emp	powered to exc	ecute this repo	ort as required by Chapter 607, Florida St	alutes; and that my name
appeas i	in Block 12 or Block 13 if changed, o	ar on an attachment with an a	address.			