

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

PROFIT CORPORATION ANNUAL REPORT 1996



40296  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mosbrum  
Secretary of State  
B 239  
DIVISION OF CORPORATIONS

DOCUMENT # P94000030645 (3)

1. Corporation Name  
**AMAZING GRAPHICS AND PRINTING, INC.**



Principal Place of Business: 11045 SPRING HILL DRIVE, SUITE A, SPRING HILL FL 34608  
Mailing Address: 11045 SPRING HILL DRIVE, SUITE A, SPRING HILL FL 34608

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Quoted: 04/21/1994  
3a. Date of Last Report: 03/28/1995  
4. FEI Number: 59-3236990  
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 s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**JANUS, TRACEY**  
11045 SPRING HILL DRIVE, SUITE A  
SPRING HILL FL 34608

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0507 and 607.1504, 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST	NAME: JANUS, TRACEY	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 16299 SACRAMENTO AVE.	CITY-ST-ZIP: SPRING HILL FL	12 NAME:	
		13 STREET ADDRESS:	
		14 CITY-STATE-ZIP:	
		21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME:	
		23 STREET ADDRESS:	
		24 CITY-STATE-ZIP:	
		31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME:	
		33 STREET ADDRESS:	
		34 CITY-STATE-ZIP:	
		41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-STATE-ZIP:	
		51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-STATE-ZIP:	
		61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME:	
		63 STREET ADDRESS:	
		64 CITY-STATE-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)(K), 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: *Tracey Janus* Tracey Janus  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3/29/96 (357) 83-0072

CR2E034 (12/95)