

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name

SUNCOAST GRAPHICS GROUP, INC.

Principal Place of Business

4827 CENTRAL AVENUE
ST. PETERSBURG FL 33713
US

Making Adverse

4827 CENTRAL AVENUE
ST. PETERSBURG FL 33713
US

2. Principal Place of Business

21	Suite, Apt. #, etc.
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22 City & State

23	Zip	Country
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2a. Mailing Address:

26 | Suite, Apt. #, etc.

27 | City & State:

Zip	Country
10001	USA
10002	USA
10003	USA
10004	USA
10005	USA
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10161	USA
10162	USA
1016	

9. Name and Address of Current Registered Agent

JENSEN, PHIL J
4906 14TH AVENUE EAST
BRADENTON FL 34208

81 Not a true

82 Street Address (P.O. Box Number is Not Acceptable)

83

84	City
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FI	85	Zip Code:
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11. Pursuant to the provisions of Sections 607.0507 and 607.1502, 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 607.0506, Florida Statutes.

SIGNATURE:

Stylized typeface is a well-known trademark of the company.

$$P_4(t) = \frac{1}{2} (1 + \cos 2\pi t) + \frac{1}{2} (1 - \cos 2\pi t) = 1$$

1254

12. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	MORAND, ANTHONY R
STREET ADDRESS	4201 11TH AVENUE EAST
CITY-STATE-ZIP	BRADENTON FL

THE: ETE

TITLE	VD
NAME	JENSEN, R. L
STREET ADDRESS	4906 14TH AVENUE EAST
CITY, ST, ZIP	BRADENTON FL

FORGET

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

FILE

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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NAME	
STREET ADDRESS	
CITY ST-ZIP	

DECEMBER

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)(a), Florida Statutes. Further, I 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 checked, or on an affidavit with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

813-321-1776

CR2E034 (12/95)