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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1	MENT # P9400 DAST GRAPHICS GROUP,	0032547 (9) Inc.			######################################
Principal Plac	ce of Business	Mailing Address		- I TOBIHODA UKO KIDAH BIDAK ODAKA BOKU BAKU DAKU	YLKA LITER I BLUK BLEHF LOOFT 19961
4827 CENTRAL AVENUE		4827 CENTRAL AVENUE			
ST. PETERSBURG FL 33713		ST. PETERSBURG FL 33	713		
		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
<u> </u>				04/24/1994	
	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0488724	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State			Fee Required
<u></u>		 		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the or Personal Property Tax due June 30. 	current year intangible
571	Name and Address of Curre		130	10. Name and Address of New Registere	
JE	NSEN, PHIL J	· · · · · · · · · · · · · · · · · · ·	61 Name		
4906 14TH AVENUE EAST				(0.0 B.)	
BRADENTON FL 34208			B2 Street Add	ress (P.O. Box Number Is Not Acceptable)	
	ADDITION 12 OFECO		83		
			ļ <u>.</u>		
i			B4 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	602 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
office or a	registered agent, or both, in the Stal Im familiar with, and accept the obli	te of Florida. Such change was a	authorized by the corporal	tion's board of directors. I hereby accept the ap	opointment as registered
1 -	an armia tiki, and accept the con	gations oil occitori oor looda, i k	onda oldiolos.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOT	E. Registered Agent signature requi	red when reinstaling) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	VD DIRECTORS IN 12
TITLE	PTSD	☐ DELETE	1.1 TOTLE		Change Addition
NAME	MORAND, ANTHONY R		1.2 NAME		
STREET ADDRESS	4201 11TH AVENUE EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JENSEN, R. L		2.2 NAME		
STREET ADORESS	4906 14TH AVENUE EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	T	2. 4 CITY-ST-ZIP		Total and the same
TITLE		DELETÉ	3.1 TITLE		Change Addition
NAME			3.2 NAME		,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CHTY-ST-ZIP		Observe Tables
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ nerei c	5.1 TITLE		LI CHANGE LI MOUNTION
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP		Change Addition
			6.1 TITLE		THE CHANGE THE MODITION
NAME STREET ADDRESS			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
	i e e e e e e e e e e e e e e e e e e e		■ 0.4 UH (+ al + /IY I		

14. I hereby certify that the information supplied with this filing 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 chapted, or on an attachment with an address.