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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000038691 (9)

GRAPHIC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3308 NW 47TH AVE COCONUT CREEK FL 33063	3308 NW 47TH AVE COCONUT CREEK FL 33063



						3. Date incorporated or Qualified 05/20/1994	3a. Date	of Last <b>)4/24/</b>		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	4		Applied For	
Suite, Apt.	# ptc	26 Code Ant 6 at				65-0498162			Not Applicable	
22 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be					
Zip	Country	<b>28</b> Zip	Cou	intr <sub>r</sub>	•				led to Fees	
24 25		29	~ ı			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes   X Yes □ No				
	9. Name and Address of Current		1001			10. Name and Address of New Re	_	gent	<del>1</del>	
· · · · · · · · · · · · · · · · · · ·				81	Name		giatorea r	Bour	<del>/</del>	
EIDELI	BERG, MICHAEL								<u>/</u>	
	NW 47TH AVE			82	Street Add	t Address (P.O. Box Number is Not Acceptable)				
COCO	NUT CREEK FL 33063			83				-/-		
				84	City			<b>85</b> 2	Zip Code	
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508. Floods State	too the ch-		concel next :-	ration submits this statement for the purp	<u> </u>	<u> </u>		
	ed agent, or both, in the State of Florida th, and accept the obligations of, Section			ve-n corpc	amed corpoi pration's boa	ration submits this statement for the purp ird of directors. Thereby accept the appo	ose of char intment as r	iging its egistere	registered office ed agent, I am	
SIGNATURE	Signature: typed or printed name of registered agent a	iki Sterifa korabie (N	Killt Begistered	Agent	Sign af including	P vd on renstativig	DATE			
12.	OFFICERS AND	DIRECTORS	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12	
TILLE	D	☐ DELETE	1 <b>1</b> Ti	ILF				Change		
NAME	KRAEMER, SAMUEL		1.2 NA	ME						
STREET ADDRESS	3308 NW 47TH AVE			1.3 STREET ADDRESS						
CITY - ST - ZIP	COCONUT CREEK FL 33063	1	1400	[Y-S]	- ZIP					
TITLE	D	☐ DELETE	2 1 31	TLE				Change	Addition	
NAME	EIDELBERG, MICHAEL		2 2 NA	ME					<b>L</b>	
STREET ADDRESS	3308 NW 47TH AVE		2351	REET #	ADDRESS					
CITY-ST-ZIP	COCONUT CREEK FL 33063	}	2.4 00	2.4 CiTY - \$1 - ZiF						
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NAME			3 2 NA	ME				-	<del></del>	
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CITY-ST-ZIP			4 4 CIT	Y-\$1	Zif					
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NAME			5.2 NAI	ME			_	-	_	
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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, of an any stachment with an address SIGNATURE AND TYPED OR PRINTED NAME OF MICHING OFFICER OR DIRECTOR

SIGNATURE: \_\_