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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400038691 (9)

GRAPHIC ENTERPRISES, INC.

Principal Place of Business
3308 NW 47TH AVE

Mailing Address

FILED Feb 11 1997 8:00am Secretary of State



3308 NW 47TH COCONUT CRE		3308 NW 47TH AVE COCONUT CREEK FL 33063-5903						
	*****				Date Incorporated or Qualified 05/20/1994	3a. Date of Last 6	Report	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		pplied For	
21 765	7653 NU 60th LN. 26 SAME				65-0498162	 	lot Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					¢0.75	Additional	
22	27				5. Certificate of Status Desired Fee Required			
City & State 23 PARK		City & State			Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip	Countr	У	8. This corporation has liability for intengible tax under s. 199.032,			
24 330ú	7 25 USA	29	30		Florida Statutes X Yes No			
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
EIDELBERG, MICHAEL 81 Name								
3308 NW 47TH AVE				P2 Street Address (D.O. Bay Number in Not Assessable)				
COCONUT CREEK FL 33063				82 Street Address (P.O. Box Number is Not Acceptable)				
000	ONO! ONEEN! E 00000		8:	3				
			8	City		FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, 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 607.0505, Florida Statutes.								
SIGNATURE Signalize, typed or proted name of registered agent and the it applicable INOTE: Registered Agent signature required when reinstating) DATE DATE								
	OFFICERS AND		13.	Joni algridatire	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
12.	D	DELETE	1.1 TITLE		ADDITIONS/OFFANGES TO OFFICE	Change		
NAME	KRAEMER, SAMUEL	hand December	1.2 NAME	1	C a so a			
i					same			
STREET ADORESS	COCCUME ODERY PLANAGE			T ADDRESS		_	,	
CITY-ST-ZIP		DELETE	1.4 CiTY -			Change	Addition	
TITLE	D NIOUAEI	C DECEIL	2.1 TITLE	Y		LJ Criange		
NAME			2.2 NAME	1	7453 NW CO# LN.			
STREET ADDRESS				TADORESS	7453 NW GOT LN. PARKIAND, FL. 33067			
CHY+ST-ZiP	COCONUT CREEK FL 33063	T on or	2. 4 CITY		PARKIAND, FL. 33067	По	T Proper	
TITLE		☐ DELETE	3 1 TITLE	1		Change	L Addition	
NAME			3.2 NAME	. [i	
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City-St-ZiP			3 4. CITY					
TITLE	☐ DELETE 4.1		4.1 TITLE			Change	☐ Addition	
NAME			4, 2 I4AM	E				
STREET ADDRESS			4.3 STREE	T ADDRESS		•		
CITY-S1-ZIF			4.4 CITY-	ST-ZIP				
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NAME			5.2 NAME	:				
STREET ADDRESS			5.3 STRE	T ADDRESS			ŀ	
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
T:TLE		☐ DELETE	6.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	Change	Addition	
NAME			6.2 NAME	.				
STREET ADORESS	l			T ADDRESS				
CITY-\$1-ZIF			6.4 CHTY	- 1			1	
14. I do heret	by certify that the information supplied	d with this filing does not qual			lated in Section 119.07(3)(i), Florida Statute	s. I further certify tha	it the	

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 efficer or director of the corporation or the receiver or trustee employered 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 or an attachment with a place.