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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12 1998 8:00am
Secretary of State

P94000051206 (8) DOCUMENT # COPY DESIGN & GRAPHICS, INC. Mailing Address Principal Place of Business 6485 NW 77TH PLACE 6485 NW 77TH PLACE PARKLAND FL 33067 PARKLAND FL 33067 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1994 2. Principal Place of Business 2a. Mailing Address Applied For 65-0513127 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KRYSHKA, LINDA S 6465 NW 77TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) PARKLAND FL 33067 83 R4 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME KRYSHKA, LINDA S 1.2 NAME 6465 NW 77TH PLACE 1.3 STREET ADORESS STREET ADDRESS PARKLAND FL 33067 CITY - ST - ZIP 1.4 City-St-ZiP DELETE Change Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-2IP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST- ZIP

14. I hereby certify that the information supplied with this filling 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 supplier on the composition of the corporation of the corporation of the corporation of 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 pain attachment with an address.

SIGNATURE:

Yende Typalla

4/27/98 934-3447661