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

173.75

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400053273 (6)

COTTRELL GRAPHIC SYSTEMS, INC.

Principal Place of Business

Mailing Address

7514 IRONBRIDGE CIRCLE DELRAY BEACH FL 33446 7514 IRONBRIDGE CIRCLE

FILED Jun 11 1997 8:00am Secretary of State



DELRAY BEACH I	FL 33446	DELHAY BEACH FL 33446	-3379		
				3. Date Incorporated or Qualified 07/15/1994	3a. Date of Last Report 06/17/1996
2. Principal Plac		2a. Mailing Address		4. FEI Number	Applied Fo
21 15647 136 TEXRACE-HOLTH		26 15647 136	TENKALE-NORT	65-0504892	Not Applica
Suite, Apl. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona Fee Required
City & State 23 JUPIT	ER FLOXIDA	City & State 28 Jupiten Zip	- FLURIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3347	8 25 PALM BEACH	29 33478	Country 30 USA		Yes 🖺 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistøred Agent
7514 (RELL, ROBERT RONBRIDGE CIRCLE AY BEACH FL 33448		82 Street Ac 83	Oo TINEH, NOISENT Idress (P.O. Box Number is Not Acceptable)	ole) KTH
			84 Cily Ju	PITER	FL 85 33478
office or reg agent. I am SIGNATURE	the provisions of Sections 607 0502 jistered agont, or both, in the State of familiar with, and accopt the obligations of the state of familiar with and accopt the obligations.	of Florida. Such change was lons of, Section 607,0505, Flands. Constant of the	authorized by the corpo Jorida Statutes.		urpose of changing its registe of the appointment as registered 3.21.97
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Add
NAME (COTTRELL, ROBERT		1.2 NAME		SATH
STREET ADDRESS	7514 IRONBRIDGE CIRCLE		1.3 STREET ADDRESS	5647 136 TEKNACE.N JUPITER, FL. 334	0.000
CITY-ST-ZIP	DELRAY BEACH FL 33446		1.4 CITY - ST-ZIP	JUPITER, FL. 334.	18
TITLE		DELETE	2.1 TITLE		Change Add
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHTY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change 🔲 Add
NAME			3.2 NAMÉ		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		D 55 536	3 4. CITY-ST-7/P		
TITLE		☐ DELE1E	4.1 TITLE		∐ Change ∐ Add
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SY-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Add
TITLE NAME		[_] Direit	5.1 TITLE 5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Add
NAME		L. Depert	6.2 NAME		the cupility and com-
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
UITT-ST-ZIF			0.4 GHT-51-28		

4. I do 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 eath; that I am an officer or director of the corporation or the receiver or trustee appears in Block 12 or Block 13 if changed, or on an attaching with an address.

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3.21.97 561 748 8736