

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

FILED

Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000056046 (3)

1. Corporation Name

LOBRUS GRAFX, INC.



Principal Place of Business

Mailing Address

1114 E. JOHN SIMS PKWY., #283  
NICEVILLE FL 32578

1114 E. JOHN SIMS PKWY., #283  
NICEVILLE FL 32578-2204

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

04/11/1996

4. FEI Number

59-3259532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

GASPARIAN, RICHARD G  
1114 E. JOHN SIMS PKWY., #283  
NICEVILLE FL 32578

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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, 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 not a director, officer, or shareholder of the corporation, and I accept the obligation of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]* RICHARD G. GASPARIAN

4-2-97

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GASPARIAN, RICHARD G	
STREET ADDRESS	819 MAGNOLIA SHORES DRIVE	
CITY-STATE-ZIP	NICEVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MENENDIAN, LORETTA	
STREET ADDRESS	17911 SAILFISH DR	
CITY-STATE-ZIP	LUTZ FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MENENDIAN, HAIG	
STREET ADDRESS	17911 SAILFISH DR	
CITY-STATE-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GASPARIAN, RICHARD G	
1.3 STREET ADDRESS	64-B CITY ST	
1.4 CITY-STATE-ZIP	SHALIMAN FL 32579	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MENENDIAN, LORETTA	
2.3 STREET ADDRESS	763 BAY ST	
2.4 CITY-STATE-ZIP	SEBRING FL 33870	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. 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 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, or on an attachment with an address.

SIGNATURE

*[Signature]* RICHARD G. GASPARIAN PRESIDENT

Date

04/02/97 904 609 1148

Daytime Phone #

0490957

CR2E034 (9/96)