


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

FILED
Apr 14 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 1114 E. JOHN SIMS PKWY., #283 NICEVILLE FL 32578 | Mailing Address 1114 E. JOHN SIMS PKWY., #283 NICEVILLE FL 32578 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--|--|---|--|---|------------------------------------|--|
| 2. Principal Place of Business 21 60 SECOND ST Suite, Apt. #, etc. 22 SUITE 303 City & State 23 SHALIMAR FL Zip 24 32579 Country 25 USA | | 2a. Mailing Address 26 60 SECOND ST Suite, Apt. #, etc. 27 SUITE 303 City & State 28 SHALIMAR FL Zip 29 32579 Country 30 USA | | 3. Date Incorporated or Qualified 07/27/1994 | 4. FEI Number 59-3259532 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 7. \$8.75 Additional Fee Required | | 7. \$5.00 May Be Added to Fees | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent GASPARIAN, RICHARD G 1114 E. JOHN SIMS PKWY., #283 NICEVILLE FL 32578 | | | | 10. Name and Address of New Registered Agent | | | |
| B1 Name GASPARIAN, RICHARD G. | | B2 Street Address (P.O. Box Number is Not Acceptable) 60 SECOND ST | | B3 SUITE 303 | | | |
| B4 City SHALIMAR | | FL | | B5 Zip Code 32579 | | | |

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]* **RICHARD G. GASPARIAN PRESIDENT** DATE: **4-7-98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD GASDARIAN, RICHARD G 60-B 9TH ST. SHALIMAR FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PTD GASPARIAN, RICHARD G. 60 SECOND ST SUITE 303 SHALIMAR FL 32579 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD MENENDIAN, LORETTA 763 BAY ST. SEBRING FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VSD MENENDIAN, LORETTA 100 BAY AVE #58 SHALIMAR FL 32579 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **RICHARD G. GASPARIAN PRESIDENT 4-7-98 250 609 1148**

CR2E034 (10/97)