

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tampa 33604
See Related State
100, Parkway, Tampa, Florida 33602-3900

FILED
SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS

95 MAY - 1 PM 1:44

DOCUMENT # P94000067874 (5)

K & M GRAPHICS, INC.

Previous Place of Business		Mailing Address			
1110-C NORTH G STREET LAKE WORTH FL 33460		1110-C NORTH G STREET LAKE WORTH FL 33460			
2. Previous Place of Business		26. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/12/1994	28. Date of Last Filing
Suite, Apt, # etc.		Suite, Apt, # etc.		4. EIN Number	
22		27		65-0520686	Appeared For Not Applicable
City & State		City, A State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Apartment, Suite, County		Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under § 199.0(2) Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CURRIER, LISA J 1110-C NORTH G STREET LAKE WORTH FL 33460				10. Name and Address of New Registered Agent	
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City FL Zip Code				

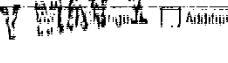
11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0908, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101. NAME	LISA J. CURRIER	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1110-C North G. ST.	2. NAME	
STREET ADDRESS	LAKE Worth FL 33460	3. STREET ADDRESS	
OFFICE/ TITLE		4. CITY ST ZIP	
102. NAME	VICE President	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip D. Currier	6. NAME	
STREET ADDRESS	1110-C North G. ST	7. STREET ADDRESS	
OFFICE/ TITLE	LAKE Worth FL 33460	8. CITY ST ZIP	
103. NAME		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
OFFICE/ TITLE		12. CITY ST ZIP	
104. NAME		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
OFFICE/ TITLE		16. CITY ST ZIP	
105. NAME		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
OFFICE/ TITLE		20. CITY ST ZIP	
106. NAME		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
OFFICE/ TITLE		24. CITY ST ZIP	
107. NAME		25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
OFFICE/ TITLE		28. CITY ST ZIP	
108. NAME		29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		30. NAME	
STREET ADDRESS		31. STREET ADDRESS	
OFFICE/ TITLE		32. CITY ST ZIP	

14. I solemnly certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption granted in Sections 119.07(1)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make the same binding as if it were handwritten. I am an officer or director of this corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this document or on an attachment thereto.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY 

4-24-95 407-533-3666

0288771 CP