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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000070097 (8)

1. Corporation Name

PROFESSIONAL GRAPHIC SYSTEMS, INC.

Principal Place of Business

112 E. 9TH AVENUE
HAVANA FL 32333

Mailing Address

112 E. 9TH AVENUE
HAVANA FL 32333

2. Principal Place of Business

2a. Mailing Address

P.O. Box 946

State, Apt. #, etc.

City & State

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9. Name and Address of Current Registered Agent

TAYLOR, GARY E
112 E. 9TH AVENUE
HAVANA FL 32333

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 601.01 and 601.02, Florida Statutes, the above named corporation is directed to state and for the purpose of changing its registered office or registered agent, or both, in the state of Florida, the change was authorized by the corporation's board of directors. The following is the appointment as registered agent. I am familiar with and accept the responsibility of, Secretary of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME

2. TITLE

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. NAME

6. TITLE

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. NAME

10. TITLE

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. TITLE

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. NAME

18. TITLE

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. NAME

22. TITLE

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. NAME

26. TITLE

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. NAME

30. TITLE

31. STREET ADDRESS

32. CITY, STATE, ZIP

33. NAME

34. TITLE

35. STREET ADDRESS

36. CITY, STATE, ZIP

37. NAME

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. TITLE

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. NAME

6. TITLE

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. NAME

10. TITLE

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. TITLE

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. NAME

18. TITLE

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. NAME

22. TITLE

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. NAME

26. TITLE

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. NAME

30. TITLE

31. STREET ADDRESS

32. CITY, STATE, ZIP

33. NAME

34. TITLE

35. STREET ADDRESS

36. CITY, STATE, ZIP

SIGNATURE:

GARY E. TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (904) 539-7177

CR2E034 (12/95)