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

PROFIT CORPORATION ANNUAL REPORT

1998

1 T 1 T 1

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070097 (8)

PROFESSIONAL GRAPHIC SYSTEMS, INC.

Principal Place of Business Mailing Address 112 E. 9TH AVENUE P.O. BOX 946 HAVANA FL 32333 HAVANA FL 32333 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3268540 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, GARY E 112 E. 9TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) HAVANA FL 32333 83 84 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 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition TAYLOR, GARY E NAME 1.2 NAME ROUTE 7, BOX 850 STREET ADORESS 11800 MAHAN Drive Tallatmesec FL 32308. 9587 1.3 STREET ADDRESS TALLHASSE FL 32308 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 217/18/6 **SURDAKOUSKI, ROBERT** NAME 2.2 NAME \$676 RUSTIC DR STREET ADDRESS 2.3 STREET ADDRESS **TALLHASSEE FL 32303** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETÉ Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

64 City-St-ZiP

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 of the corporation of 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 an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

- Hamblander

1/31/98

850/539-7177

Change

Addition

FILED

Feb 06 1998 8:00am

Secretary of State