FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000076816 (5)**

1. Corporation Name

BARBARA PALUCK'S TYPESETTING & GRAPHIC DESIGN, I NC.

Principal Place of Business	Mailing Address
72 DORCHESTER DR N LAKE WORTH FL 33463	72 DORCHESTER DR N LAKE WORTH FL 33463

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 10/17/1994	3a. Date of Last Report
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0536310	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / County 25	Zip 29 / County 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		7. This corporation has activity for purposes of s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALUCK, BARBARA 72 DORCHESTER DR N LAKE WORTH FL 33463	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 Section(s) 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

(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new Registered Agent must sign) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	71 TITLE	☐ Change ☐ Addition
NAME	PALUCK, BARBARA	72 NAME	
STREET ADDRESS	72 DORCHESTER DR N	73 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	74 CITY-ST-ZIP	
TITLE		75 TITLE	☐ Change ☐ Addition
NAME		76 NAME	
STREET ADDRESS		77 STREET ADDRESS	
CITY-ST-ZIP		78 CITY-ST-ZIP	
TITLE		79 TITLE	☐ Change ☐ Addition
NAME		80 NAME	
STREET ADDRESS		81 STREET ADDRESS	
CITY-ST-ZIP		82 CITY-ST-ZIP	
TITLE		83 TITLE	☐ Change ☐ Addition
NAME		84 NAME	
STREET ADDRESS		85 STREET ADDRESS	
CITY-ST-ZIP		86 CITY-ST-ZIP	
TITLE		87 TITLE	☐ Change ☐ Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY-ST-ZIP		90 CITY-ST-ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY-ST-ZIP		94 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 1, or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Barbara Paluck BARBARA PALUCK 4/21/95 642-5201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0438603 FP