

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000081756 (6)

1. Corporation Name

FIRE GRAFIX, INC.



Principal Place of Business

Mailing Address

1008 NE 7TH TER
SUITE C
CAPE CORAL FL 33909
US

1008 NE 7TH TER
CAPE CORAL FL 33909

3. Date Incorporated or Qualified 11/08/1994	3a. Date of Last Report 01/31/1995
4. FEI Number 65-0528870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 **1408 SE 17th Avenue**

26 **1408 SE 17th Avenue**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **SUITE C**

27 **SUITE C**

City & State

City & State

23 **CAPE CORAL FL**

28 **CAPE CORAL FL**

Zip

Country

Zip

Country

24 **33990**

25 **USA**

29 **33990**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORRADINO, MICHAEL W
1008 NE 7TH TER
CAPE CORAL FL 33909**

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

12 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

13 STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ DELETE

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

22 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

23 STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ DELETE

24 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

32 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

33 STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ DELETE

34 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

42 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

43 STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ DELETE

44 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

52 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

53 STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ DELETE

54 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

62 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

63 STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ DELETE

64 CITY - ST - ZIP ☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael W. Corradino **MICHAEL W. CORRADINO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VICE PRESIDENT**

6/6/96 941-458-2370

Date Daytime Phone #

CR2E034 (3/96)