

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000081756 (6)

1. Corporation Name  
**FIRE GRAFIX, INC.**



Principal Place of Business <b>1403 SE 17TH AVENUE C CAPE CORAL FL 33990 US</b>	Mailing Address <b>1408 SE 17TH AVE SUITE C CAPE CORAL FL 33990 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1446 SE 19th Lane</b> Suite, Apt. #, etc. 22 City & State 23 <b>Cape Coral FL</b> Zip 24 <b>33990</b>		2a. Mailing Address 26 <b>P.O. Box 61712</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ft. Myers, FL</b> Zip 29 <b>33906-1712</b>		3. Date Incorporated or Qualified <b>11/08/1994</b>		3a. Date of Last Report <b>06/11/1996</b>	
				4. FEI Number <b>65-0528870</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>Carl J. Hartlieb</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1446 SE 19th Lane</b>
83
84 City <b>Cape Coral</b>
85 Zip Code <b>FL 33990</b>

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 *Carl J. Hartlieb*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**8/5/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CORRADINO, PATRICIA L</b>		1.2 NAME <b>Carl J. Hartlieb</b>	
STREET ADDRESS <b>233 NE 17TH AVE</b>		1.3 STREET ADDRESS <b>1446 SE 19th Lane</b>	
CITY-ST-ZIP <b>CAPE CORAL FL</b>		1.4 CITY-ST-ZIP <b>Cape Coral, FL</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Secretary/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CORRADINO, MICHAEL E.</b>		2.2 NAME <b>Barbara Schultz-Silverman</b>	
STREET ADDRESS <b>233 N.E. 17TH AVENUE</b>		2.3 STREET ADDRESS <b>2161 Wyandotte Ave</b>	
CITY-ST-ZIP <b>CAPE CORAL FL</b>		2.4 CITY-ST-ZIP <b>Alva, FL 33920</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>VP President/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARMELL, KIMBERLY M.</b>		3.2 NAME <b>Carmell, Kimberly M.</b>	
STREET ADDRESS <b>1735 BRANTLEY #1311</b>		3.3 STREET ADDRESS <b>12332 - 2 Woodrose Ct.</b>	
CITY-ST-ZIP <b>FORT MYERS FL</b>		3.4 CITY-ST-ZIP <b>Ft. Myers, FL 33907</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>Treasurer/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Patricia E. Verneau</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>1400 Kimdale St. E.</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Lehigh, FL 33936</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>VP President/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Clifford L. Hartzell</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>23 Jackson Ave</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Lehigh, FL 33936</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 or 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 on an attachment with an address.

SIGNATURE:

*Patricia E. Verneau*  
**PATRICIA E. VERNEAU**

(641)  
269-2191

CR2E034 (4/97)