## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

	JAL REPORT  1996	Sandra B. Mortha Secretary of Stat DIVISION OF CORPOR		•					
DOCUMENT # P9400090896  1. Corporation Name									
ASKANDIA GRAPHICS, INC.  100 COMMERCE STREET  LONGWOOD, FL. 32750-5416  Principal Place of Business  Mailing Address									
	COMMERCE STREE WOOD, FL. 3275					3. Date Incorporated or Qualified	3a. Date o	of Last Report	-]
2. Principal Pla	ace of Business	2a. Mailir	ng Address			JAN. 1, 1995 4. FEI Number	N/	Applied For	-
21		26				59-3282189		Not Applicable	1
Suite, Apt. #, etc.		Suite 27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fea Required	
	City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip		Cou	ntry	8. This corporation has liability for	. •	under s 199.032,	1
24	25	29		30]			No No		
	9. Name and Address of Cu	irrent Registered	Agent		81 Name	10. Name and Address of New I	registered w	Jeur	-
	H M. TAYLOR						··· ··· ·		1
	COLUMBUS WAY				82 Street Ad	dress (P.O. Box Number is Not Acceptal	ole)		
LONG	WOOD, FL. 327	50			83				1
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' .					84 City		FL	85 Zip Code	1
11. Pursuant to	ed agent, or both, in the State of	Florida, Such chang	ge was authorized	s, the abo d by the c	ve-named corp	poration submits this statement for the pupard of directors. I hereby accept the app	rpose of chan	ging its registered office	
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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 cath; that I am an officer or killector of the corporation on 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 Uniqued, or kin an attachment with an address.

SIGNATURE:

KETTH M. TAYLOR

APR. 25, 1996 407-834-1271

6. 1 TITLE 6.2 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 25, 1996 407-834-1271

☐ Change

Addition(