

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Mertham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000003112 (6)**

1. Corporation Name
GRAPHIC IMPRINTS, INC.



Principal Place of Business

1030 W. AMELIA STREET
ORLANDO FL 32805

Mailing Address

1030 W. AMELIA STREET
ORLANDO FL 32805

2. Principal Place of Business

21 1925 Traylor Blvd

State, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32804-4713

25 Orange

2a. Mailing Address

26 1925 Traylor Blvd

State, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32804-4713

30 Orange

3. Name and Address of Current Registered Agent

UPTAIN, STACEY D
1030 W. AMELIA STREET
ORLANDO FL 32805

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

4. FFL Number

59-3294145

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name: Stacy D. Uptain
82 Street Address (P.O. Box Numbers Not Acceptable): 1925 Traylor Blvd
83
84 City: Orlando FL 85 Zip Code: 32804

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 consent to the new address of the corporation in 607.0505, Florida Statutes.

SIGNATURE: *Stacy D. Uptain*

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PTD Stacy D. Uptain
STREET ADDRESS	1925 Traylor Blvd
CITY-ST-ZIP	Orlando, FL 32804
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPSD Larry F. Smith
STREET ADDRESS	1925 Traylor Blvd.
CITY-ST-ZIP	Orlando, FL 32804
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. If changes to officers or directors must be indicated.

SIGNATURE: *Stacy D. Uptain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)