FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000012275 (0)**

1. Corporation Name:

PEAK GRAPHICS, INC.

Principal Place of Business:

5299 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207

Mailing Address:

5299 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: **02/13/1995**

3a. Date of Last Report:

4. FEI Number: **59-3305923** [ ] 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. Is this corporation now subject for intangible tax under s. 199.032, Florida Statutes: [x] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KULCHIN, MARTIN D
5299 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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 607.1502, 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. The street address of the registered office and the name and address of the registered agent are true and correct. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	WALTHER, MICHAEL		1 NAME	
STREET ADDRESS	5299 ST. AUGUSTINE ROAD		1 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207		1 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	2 TITLE	[ ] Change [ ] Addition
NAME	BRYANT, JERRY		2 NAME	
STREET ADDRESS	5299 ST. AUGUSTINE ROAD		2 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207		2 CITY-ST-ZIP	
TITLE	TD	[ ] DELETE	3 TITLE	[ ] Change [ ] Addition
NAME	WALTHER, JOHN		3 NAME	
STREET ADDRESS	5299 ST. AUGUSTINE ROAD		3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207		3 CITY-ST-ZIP	
TITLE	SD	[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME	KULCHIN, MARTIN		4 NAME	
STREET ADDRESS	5299 ST. AUGUSTINE ROAD		4 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207		4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, accurate, complete 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 report or supplemental attachments to this report is true and accurate and that my electronic 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 added to the report with an address.

SIGNATURE: Mark D. Kulchin 3/26/96 904 448 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)