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

**PROFIT** CORPORATION ANNUAL REPORT



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

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**DOCUMENT #** Corporation Name

P95000017079 (1)

GRAP	PHIC ALCHEMY INTERACTIV	VE, INC.			I JARNARI JAR JAMA ANNI ARIN ARIN		(1) <b>(61)</b> (61) (1) (61) (61) (61)
Principa! Plac	pe of Business	Mailing Address		<del></del>		<b>                                   </b>	)
3706 N. OC	CEAN BLVD.	3706 N. OCEAN BLV	יח/				
SUITE 360	ODALE EL ODOGO	SUITE 360	_				
FI. LAUDER	RDALE FL 33308	FT. LAUDERDALE FL	. 33308		3. Date Incorporated or Qualified	3a Date	of Last Report
					03/01/1995	ou. Dut	Of Last Nepolit
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# otc	Suito Act # sta	<u> </u>		65-0555468		Not Applicable
22	. #, 0.0.	Suite, Apt. #, etc.			5. Certificate of Status Desired	[]	\$8.75 Additional
City & Stat	te	City & State			6. Election Campaign Financing	· <del></del>	Fee Required
23		28			Trust Fund Contribution		\$5.00 May Be Added to Fees
Zipi <b>24</b>	Country	Zip	Countr	у	8. This corporation has liability for i	ntangible tax	
24	25   9. Name and Address of Curre	29	30		Florida Statutes XX Yes	No	
	Q MIN TIME TOWN AT WHILE	iit negistelen Agelit	8	1 Name	10. Name and Address of New R	egistered A	gent
MCCLA	RY, ANDREW L						
	ALT OCEAN MILE		82	2 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
	JOERDALE FL 33308		83	<u>-</u>			
			84	1		FL	85 Zip Code
<ol> <li>Pursuant or register</li> </ol>	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the above	named corpo	oration submits this statement for the purp		1 1 naina its registered office
familiar wi	ith, and accept the obligations of, Sect	tion 607.0505, Florida Statute	zea by the corp s.	poration's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo	ointment <b>a</b> s re	egistered agent. I am
SIGNATURE	= <u></u>						
12.	Signature, typed or printed name of registered agent OFFICIERS AN	it and title if applicable (N) ID DIRECTORS	OTE Registered Age	int signature requir		DATE	
TITLE	DP OF TOURS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICE		
NAME	MCCLARY, ANDREW L		1.1 MAME			LJ	Change
STREET ADDRESS	3461 GALT OCEAN DR.			T ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.6 CITY-1				
117LE	D <b>S</b>	☐ DELETE	2 1 TITLE				Change Addition
NAME	MCCLARY, CLAUDIA P		2 2 NAME	İ		4	
STREET ADDRESS	3461 GALT OCEAN DR.		2.3 STREET	T ADDRESS			
CITY - ST - ZiP	FT. LAUDERDALE FL 33308		2.4 CITY-5	51 - 2IP			
TITLE	D AZZI JODOF	DELLETE	3 1 TITLE	_			Change
NAME CIRCL ADDOLOG	AZZI, JORGE		3.2 NAME				
STREET ADDRESS	11571 SW 98TH ST. MIAMI FL 33176		3.3 STREE	T ADDRESS			
CITY-ST-ZIP TITLE	MPWI FL 331/0	☐ DELETE	3 4 CITY - 5	ST-ZIP			····
NAME			4. 1 TITLE				Change
STREET ADDRESS			4 2 NAME				
CITY-ST-ZIP			4 3 STREET	1			
THILE		☐ DELETE	4.4 CITY - S 5. 1 TITLE	T · ZIP		<u></u>	Channa
NAME			5.2 NAME	İ			Change
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY - ST - ZIP			54 CITY-S				
TITLE		☐ DELETE	6. 1 TITLE			——	Change
NAME			6.2 NAME				orongo [] Naoritan
S?REE1 ADORESS			6.3 STREET	ADDRESS			
CITY - ST- ZIP			64 CITY-S				

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 if changed, or an an attachment with an address.

E OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_

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