


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 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 # **P95000017079 (1)**

1. Corporation Name  
**GRAPHIC ALCHEMY INTERACTIVE, INC.**



Principal Place of Business <b>3706 N. OCEAN BLVD. SUITE 360 FT. LAUDERDALE FL 33308</b>	Mailing Address <b>3706 N. OCEAN BLVD. SUITE 360 FT. LAUDERDALE FL 33308-6451</b>
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2. Principal Place of Business 21 <b>3200 NE 14th Cswy</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3200 NE 14th Cswy</b> Suite, Apt. #, etc.
22 City & State 23 <b>POMPANO BEACH, FL</b> Zip Country	27 City & State 28 <b>POMPANO BEACH, FL</b> Zip Country
24 <b>33063</b>	29 <b>33063</b>

3. Date Incorporated or Qualified <b>03/01/1995</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>65-0555468</b>	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCCLARY, ANDREW L  
3481 GALT OCEAN MILE  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent  
81 Name **McCLARY, ANDREW L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3200 NE 14th Cswy**  
83  
84 City **POMPANO BEACH** FL 85 Zip Code **33063**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCLARY, ANDREW L</b>	
STREET ADDRESS	<b>3481 GALT OCEAN DR.</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCLARY, CLAUDIA P</b>	
STREET ADDRESS	<b>3481 GALT OCEAN DR.</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33308</b>	
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
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>McCLARY, ANDREW L.</b>	
1.3 STREET ADDRESS	<b>3200 NE 14th Cswy</b>	
1.4 CITY - ST - ZIP	<b>POMPANO BEACH, FL 33063</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>McCLARY, CLAUDIA P.</b>	
2.3 STREET ADDRESS	<b>3200 NE 14th Cswy</b>	
2.4 CITY - ST - ZIP	<b>POMPANO BEACH, FL 33063</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:  **CLAUDIA P. McCLARY** Date **4/20/97** (954) 783 3363

CR2E034 (9/96)