

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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000017079 (1)

1. Corporation Name

GRAPHIC ALCHEMY INTERACTIVE, INC.



Principal Place of Business

3200 NE 14TH CSWY  
SUITE 360  
POMPANO BCH FL 33063  
US

Mailing Address

3706 N. OCEAN BLVD.  
SUITE 360  
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1995

4. FEI Number

65-0555468

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3700 GALT OCEAN DR

Suite, Apt. #, etc.

22 SUITE 705

City & State

23 FORT LAUDERDALE FL

Zip

24 33308

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MCCLARY, ANDREW L  
3200 NE 14TH CSWY  
POMPANO BCH FL 33063

10. Name and Address of New Registered Agent

81 Name

McCLARY, ANDREW L

82 Street Address (P.O. Box Number is Not Acceptable)

3700 GALT OCEAN DR SUITE 705

83

Fort LAUDERDALE

84 City

FL

85 Zip Code

33308

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME  
MCCLARY, ANDREW L  
STREET ADDRESS  
3200 NE 14TH ST CSWY  
CITY-ST-ZIP  
POMPANO BCH FL

TITLE ☐ DELETE

D  
NAME  
MCCLARY, CLAUDIA P  
STREET ADDRESS  
3200 NE 14TH CSWY  
CITY-ST-ZIP  
POMPANO BCH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P  
NAME  
McCLARY, ANDREW L  
STREET ADDRESS  
3700 GALT OCEAN DR SUITE 705  
CITY-ST-ZIP  
FORT LAUDERDALE, FL 33308

2.1 TITLE ☒ Change ☐ Addition

D  
NAME  
McCLARY, CLAUDIA P  
STREET ADDRESS  
3700 GALT OCEAN DR SUITE 705  
CITY-ST-ZIP  
FORT LAUDERDALE, FL 33308

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)

SIGNATURE [Signature] DATE 02/16/98 (0515) 48813