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FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000022562 (9)

1. Corporation Name

MESA COMPUTER GRAPHICS, INC.

Principal Place of Business

4783 NW 6TH PLACE
COCONUT CREEK FL 33063

Mailing Address

4783 NW 6TH PLACE
COCONUT CREEK FL 33063-6744



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1995		3a. Date of Last Report 08/20/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0426108		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZALLEN, JOSEPH 2455 E. SUNRISE BLVD. SUITE 802 FT. LAUDERDALE FL 33304				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 607.1508, 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MECKLING, PHILIP A	12 NAME	MECKLING, MARY
STREET ADDRESS	4783 NW 6TH PLACE	13 STREET ADDRESS	4783 NW 6 PL
CITY - ST - ZIP	COCONUT CREEK FL 33063	14 CITY - ST - ZIP	COCONUT CREEK, FL 33063
TITLE	V	21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MECKLING, MARY	22 NAME	
STREET ADDRESS	4783 NW 6TH PLACE	23 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL 33063	24 CITY - ST - ZIP	
TITLE		31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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:

Mary Meckling, Pres. 4-28-97 954-974-4308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)