SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **P95000029524 (2)**

1. Corporation Name
REPOGRAPHIC SYSTEMS, INC.

Principal Place of Business
P.O. BOX 264
FT. WALTON BEACH FL 32549

Mailing Address
P.O. BOX 264
FT. WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/14/1995

4. FEI Number
59-3310417
[ ] 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
21 116 Tupelo Ave SE
Street Address
22
City & State
23 Ft. Walton Beach Fl.
Zip 24 32548
County 25 Okaloosa

2a. Mailing Address
26 116 Tupelo Ave SE
Street Address
27
City & State
28 Ft Walton Beach, Fl
Zip 29 32548
County 30 Okaloosa

9. Name and Address of Current Registered Agent
HENDERSON, WILLIAM A JR.
909 MAR WALT DR.
SUITE 1021
FT. WALTON BEACH FL 32547

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 section 607.0505 or 607.1505, 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 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
(Registered Agent Signature Required if Name Changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	GEORGE E. ENGLER	
STREET ADDRESS	124 WATSON DR	
CITY ST ZIP	FT. WALTON BCH FL	
TITLE	VP	[ ] DELETE
NAME	RUDY R. HILL	
STREET ADDRESS	210 PELHAM RD., #206-C	
CITY ST ZIP	FT WALTON BCH FL	
TITLE	T	[ ] DELETE
NAME	WILLIAM A. HENDERSON JR.	
STREET ADDRESS	909 MAR WALT DR SUITE 1021	
CITY ST ZIP	FT WALTON BEACH 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I hereby certify that the information indicated on this report or supplemental 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 in Block 11 if an addition.

SIGNATURE 9/30/98 DATE

CR2E034 (5/98)