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

1996

P95000032107 (1) **DOCUMENT #**

INNOVATIVE GRAPHIC GROUP INC. Principal Place of Business Mailing Address



811 S.W. 158TH LANE Sunrise FL 33326				811 S.W. 158TH LANE Sunrise FL 33326						
							3. Date incorporated or Qualified 04/25/1995	3a. Date	of Last R	eport
2. Principal Plac	ce of Busines	\$	2a. Mailing Addre	SS			4. FEI Number			Applied For
21 2750	ON 29	Avenue	26	26			65-0582435			Not Applicable
Suite, Apt. #	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State Holly				City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	T.	Country	Žip	Z ₁ p Cc			8. This corporation has liability for intangible tax under s 199.032,			
33020		U.S.A.	29	30	r		Florida Statutes Yes 10 Name and Address of New F	□No	Acont	
	g. Name a	nd Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New H	egistered	Agent	
		_			0					
	SON, ANNE				82	Street Addr	dress (P.O. Box Number is Not Acceptable)			
14425 S. MIAMI FI	.W. 149TH	TERRACE			83					
MIAMI FI	F 33 100								1	
					84	City		FL	85 Zi	ip Code
or registers	ed agent or b	oth, in the State of Flo	02 and 607.1508, Florida rida. Such change was a ction £07.0505, Florida S	authorized by the	corp	named corpor oration's boa	ration submits this statement for the purified of directors. I hereby accept the app	rpose of ch ointment a	anging its s registered	registered offici I agent. I am
SIGNATURE	n, and accept	The divigations of, co.	31011 001 10000 110 100							
SIGNATURE	Signature, typod o	printed hance of registered age			d Ager	r signature require	d when reinstating)	DATE	n DIDEOT	202 11 40
12.		OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12
TITLE	D	NADVI I	DELE						CT Orlange	
NAME	ZELEK, I	JANTE I. 7. 158TH LANE		1.2 N		ADDRESS				
STREET ADDRESS		E FL 33326				1				
CITY-ST-ZIP TITLE	D	E FL 33320	DELE			i - ZIP			Change	Addition
NAME	. •	SON, ROBERT M	□ 32	221						
STREET ADDRESS		.W. 149TH TERRAC	Æ			ADDRESS				
CITY-ST-ZIP	MIAMI F		-			ST- ZIP				
TITLE	D		DEL!		THLE				☐ Change	Addition
NAME	DISARRI	O, DANIEL	- _	321	MAME					
STREET ADDRESS		.W. 3RD STREET		3.3.	STREE	T ADDRESS				
CITY-ST-ZIP		OKE PINES FL 3302	29	340	OITY - S	ST - ZIP				
TITLE			DEC.	ETE 4.1	TITLE				☐ Change	Addition
NAME				421	MAME					
STREET ADDRESS	,			4.3.5	STREE	I ADDRESS				
CITY-ST-ZIP	<u> </u>					S(- ZIP				
TITLE	T		DEL		TITLE		4000018 -05/09/9601	142	Tal Calude	☐ Addition
NAME					NAME		-05/09/9601	J10U	317	
STREET ADDRESS				- · ·		T ADDRESS	***200 .00	/	-1-	-Colo
CITY-ST-ZIP						ST-ZIP			Channe	Addition
TITLE			DEL		TITLE			_	7 1 Y	2
NAME					NAME	LADDOCCO			1	-
STREET ADDRESS						I ADDRESS				
CITY-ST-ZIP	1		J. M. this flips is valuat		_	ST-ZIP	for the exemption stated in Section 119	07(3)(k) E	Iorida Stat	utes I further

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 on an attachment with an address.

Daryl L. Zelek (Director) 4/29/96 954-922-5999

BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Priorie & Date Prior