SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000032107 (1)

FILED Jul 24 1997 8:00am Secretary of State

INNOVATIVE GRAPHIC GROUP INC. Principal Place of Business Mailing Address 2750 N 29 AVE. 811 S.W 158 LANE HOLLYWOOD FL 33020 SUNRISE FL 33326 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0582435 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PATTERSON, ANNE R 81 Name 14425 S.W. 149TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City Zip Code 85 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 epplicable (NOTE: Bogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE Change Addition TITLE 1.1 1110 ZELEK, DARYL L NAME 1.2 NAME 811 S.W. 158TH LANE STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33326 CITY-ST-ZIP 1.4 C(1Y+\$1-7IP DELETE Change Addition TITLE 2.1 TITLE PATTERSON, ROBERT M 22 NAME NAME 14425 S.W. 149TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Change ■ Addition TITLE DISARRO, DANIEL NAME 3.2 NAME 18203 S.W. 3RD STREET STREET ADDRESS 3.3 STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP 3 4. CITY-ST - ZIP DELETE Addition TITLE 4.1 1016 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 51 THUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP

14. I do hereby certify that the information supplied with this filling 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.