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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 16 1997 8:00am

ANN	ANNUAL REPORT 1997			Scoretary of State Division OF CORPORATIONS					Secretary of State								
	IMENT #		0035	664 (8)													
Principal Place of Business Mailing Address						, <u>, , , , , , , , , , , , , , , , , , </u>											
11041 BAILEY LANE TAMARAC FL 33321 US				11041 BAILEY LABE TAMARAC FL 33321 US								··· >		••••			
										te Incoi 03/19		od or Qua	alified		ate of Last F 8/1996	teport	
L	Place of Busines	SS		2a. Mailing Address				4	4. FEI Number							oplied For	
Sulte, Ap	t # etc		26	Suite, Apt. #, etc.					¢0.75						ot Applicable		
22	, •••			27				5	5. Certificate of Status Desired See Required Fee Required								
City & Sta	ate			City & State				Election Campaign Financia Trust Fund Contribution								May Be to Fees	
Z ip	Country			Zip			Country			This corporation has liability for intangible tax under s. 199.0:							
25 9. Name and Address of Curren			29				l			Florida Statutes Yes No 10. Name and Address of New Registered Agent							
WAI	LDRON, THER		rrent Hegiste	rea Agent		81]	Name	1	J. Na	me and	AOO	ress of N	iew Hegi	stered	Agent		
		RAPHICS, INC.				82		A d d	(0.6)	FS. 11							
11041 BAILEY LANE						62	Street	Address (ess (P.O. Box Number is Not Acceptable)								
TAMARAC FL 33321						83											
1					ŀ	84	City			·	•				85 Zip	Code	
11. Pursuan	t to the provision	ns of Sections 607	0502 and 60	7 1508 Florida Stat	utes the ah	10//0	named	corporati	On si	rhmits t	his sta	lement fo	or the nu	FL	changing i	te registered	
office or	registered ager	nt, or both, in the S	State of Florida	7.1508, Florida Stat Such change was Section 607.0505, f	s authorized	by	the corp	poration's	boar	d of dir	ectors	. I hereby	accept	the app	ointment as	registered	
SIGNATURE																	
	Signature, typed or	printed name of registere			O1E Registered	Ager	nt signature	required who			NOU A	VACO TO	ACCIOE	DC AND	DIDECTOR	OC IN 10	
12.	PD	OFFICENS	AND DIRECT	DELFTE	1.1 70	L E		T	ADL	/IIIOING		NGES TO	OFFICE	MO ANL	DIRECTOR Change	Addition	
NAME	WALDRON,	THERESA M			1,2 NA			ŀ									
STREET ADDRESS					1,3 ST	HEET.	ADDRESS										
CITY-ST-ZIP	TAMARAC F	L 33321			1,4 CH	Y- 51	1 - 7IP										
TITLE	SD	MITCHELLO		☐ DÉLETE	21111										Change	Addition	
NAME	AARAA BADA	MITCHELL G			2,2 NA		186	ĺ		•							
STREET ADORESS CITY-ST-ZIP	TAMARAC F				2.3 ST		ADORESS										
TITLE	TD			DELETE	3.1 1/1		11. 711.			\					Change	Addition	
NAME	HOOKER, K	athleen a			3 2 NA	MÉ		1									
STREET ADDRESS		JCKET COURT	H-Color.		3.3 ST	KEET	ADDRESS	1104	1 8	Baile	ابدا	ane					
CITY-ST-ZIP	PALM HARB	OR FL 34683			3 4. CI		T - ZIF	1104 Tan	10 <i>r</i>	DC,	F	L 3	332	니			
TITLE				DELETE	4 1 TIT					41					Change	Addition	
NAME PROCES ADDRESS	.				4.2 N/		ADDREDO	1									
STREET ADDRESS	'				1		ADDRESS			į.							
CITY-ST-ZIP TITLE	 			DELETE	4.4 CIT 5.1 TIT		· ZIr			<u>, </u>					Change	Addition	
NAME					5.2 NA					ĺ					v-		
STREET ADDRESS	s .				1		ADURESS]									
CITY-ST-ZIP					5.4 CIT	Y-ST	I - ZIP		-								
TITLE				☐ DELETE	6 1 717				_	500					Change	Addition	
NAME					6 2 NA					• • .							
STREET ADDRESS	5						ADDRESS	}									
CITY-ST-ZIP					64 CH	Y - S1	1 · 7 6	1									

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.

heisen in Waldon Theresa M. Waldon