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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

595-6048

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040533 (8)

MAGUIRE GRAPHICS, INC.

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Principal Place of Business Mailing Address							idial delle di	.011 00110 10110 1610	JO 1183 1 30 1
13521 WALSING LARGO FL 3484	13521 Walsingham Road Largo FL 33774-3530								
						3. Date Incorporated or Qualifie 05/22/1995		Date of Last R 5/01/1996	leport
·	lace of Business	2a. Mailing Address	├ ¬			4. FEI Number Applied For			
21 Culto Am	# ala	26 Cuito And H ata	Suite, Apt. #, etc.			59-3350195	Not Applicable \$8.75 Additional		
Sulte, Apt.	#, etc.	 			5. Certificate of Status Desired		v	Additional equired	
City & State		City & State	City & State			6. Election Campaign Financing			'
23		├ 1	28			Trust Fund Contribution		•	May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability f			
24	25		30			Florida Statutes	<u> </u>	□ No	
	9. Name and Address of Curre	ent Registered Agent		····,		10. Name and Address of New	Registere	d Agent	
DREYFUS, ANDRA T ESQ. 311 SOUTH MISSOURI AVENUE CLEARWATER FL 34616				81 82 83	Name K Street Add	im Maguire des (P.O. Box Number is Not Accen 12742 Hibiscus Ro	table)		
٠,				84	City	***************************************		. 85 Zip	Code
					•	Largo,		'L 3/1	1644
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607.1508, Florida Statuto e of Florida. Such change was a gations of, Section 607.0505, Flo	es, the ab uthorized rida Stati	oove- d by utes.	named cor the corpora	rporation submits this statement for that allon's board of directors. I hereby ac	e purpose cept the a	of changing it ippointment as	ls registered registered
SIGNATURE	Signature, Jyped or printed name of registers d a	oent and the it amplicable (NOTE	Registered	1 Agen	r signaturo regu	uired when roinstating)	DATE	30/97	
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	RS IN 12
TITLE	PTD	DELETE	1,1 1(1	[LF				Change	Addition
NAME	MAQUIRE, KIM		1.2 NA	ME					
STREET ADDRESS	12742 HIBISCUS ROAD		1.3 S1	REET	ADDRESS				
CITY-ST-ZIP	LARGO FL 34644		1.4 CI		- ZIP				
TITLE	VPSD	DELETE	21111					☐ Change	Addition
NAME	MAQUIRE, ED 12742 HIBISCUS RD.		2.2 NA						
STREET ADDRESS	LARGO FL 34844		2.3 STREET ADORESS						
CITY-ST-ZIP TITLE	DELETE			2 4 GDY - ST - ZIP 3.1 TOLE				Change	Addition
NAME			3.2 NA					L_ change	
STREET ADDRESS					ADURESS				
CITY-ST-ZIP			3 4. CI	ITY - \$1	- 7IP				
TITLE	DELETE		41 11					Change	Addition
NAME			4 2 N	AME					
STREET ADDRESS			4 3 S1	HEET A	ADDRESS				
CITY-ST-ZIP			4.4 CII	IY-SI	-7IP				
TITLE		☐ OELETE	5.1 111					Change	Addition
NAME			5.2 NA						
STREET ADDRESS					NDORESS				
CITY-ST-ZIP TITLE		DELFTE	6.1 TIT		- ZIP			Change	Addition
NAME	•	F-1 1/211116	6.2 NA					onlinge	La Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CI		ĺ				
14. I do heret	by certify that the information suppli	ed with this filing does not qualif	v for the	exen	nption state	ed in Section 119.07(3)(i), Florida Stat	utes. I furt	her certify that	the
l am an o	in indicated on this annual report or fficer or director of the corporation in Block 12 or Block 13 if changed,	or the receiver or trusted empower	ered to e	XOCU XOCU	ale and tha Ite this repo	at my signature shall have the same le ort as required by Chapter 607, Florid	gai effect a Statutes	, as it made un ;; and that my r	der oath; that name