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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041491 (8)

DEJA GRAPHICS OF FORT MYERS. INC.

Principal PI 11000-43 ME FT MYERS F		Mailing Address 11000-43 METRO PKWY FT MYERS FL 33912-1245							
						3. Date Incorporated or Qualified 05/26/1995		ate of Last Report 01/1996	
2. Principa	l Place of Business	28. Mailing Address 26			4. FEI Number 65-0582466	Applied For Not Applicab			
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & S	itato	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζίρ 29	30 Co	ountry		This corporation has liability for in Florida Statutes	ntangible Yes		
	9. Name and Address of Cu	81	10. Name and Address of New Registered Agent						
GRAVINA, PETER J					Name				
1833 HENDRY ST FT MYERS FL 33901					Street Address (P.O. Box Number is Not Acceptable)				
				83					
ì				84	City			85 Zip Code	

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.

agent i am admine with, and accept the dunigations of decition corrected, i forma distances.											
SIGNATURE	Step alum, Typed or printed name of registered agent and title I appricable.	required when reinstating)	DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE							
TITLE	DP	DELETE	1.1 TITLE		☐ Change	Addition					
NAME	ARENDS, JOHN		1.2 NAME								
STEET ADDRESS	14510 HICKORY HILL COURT, #716		1.3 STREET ADDRESS								
C-TY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP								
TOTLE	STD	DELETE	2.1 TrTLE		☐ Change	Addition					
NAME	ARENDS, DIANE		2.2 NAME								
STREET ADDRESS	14510 HICKORY HILL COURT, #716		2.3 STREET ADDRESS								
CITY-ST-7/2	FT. MYERS FL		2 4 CITY-ST-ZIP								
T _E TLE	D	DELETE	3.1 TITLE		Change	Addition					
NAME	DEVITO, KENNETH		3.2 NAME								
STHEFT ADDRESS	3 WOODBURY CT		3.3 STREET ADDRESS								
CITY-ST-7IP	S BARRINGTON IL 60010		3.4. CITY-ST-ZIP								
TITLE		DELETE	4.1 TITLE		Change	☐ Addition					
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
DITY -ST - ZIP			4.4 City-St-ZIP								
TERLE		DELETE	5.1 TITLE		☐ Change	Addition					
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CHY-ST-ZIP			5.4 CITY-ST-ZIP								
TETLE) OFLETE	6.1 TITLE		Change	Addition					
NAMÉ			6.2 NAME								
STREET ADDRESS			63 STREET ADDRESS								
CHY-S1-Zé			6.4 CITY-ST-ZIP								

14. I 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 extechment with an address.

SIGNATURE: / MANY 11/1

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

FILED

May 07 1997 8:00am

Secretary of State

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