

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

FILED

Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000046120 (8)**

1. Corporation Name

ULTRAGRAPH TECHNOLOGIES, INC.



Principal Place of Business

**2620 W 84TH ST
SUITE 108
HAIALEAH FL 33016
US**

Mailing Address

**2620 W 84TH ST
SUITE 108
HAIALEAH FL 33016
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2620 W. 84th. St.

Suite, Apt. #, etc.

22

City & State
23 Hialeah, FL

Zip
24 33016

Country

25 Miami-Dade

2a. Mailing Address

26 2620 W. 84th. St.

Suite, Apt. #, etc.

27

City & State
28 Hialeah, FL

Zip
29 33016

Country

30 Miami-Dade

3. Date Incorporated or Qualified

06/12/1995

4. FEI Number

65-0597353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LYON, ROBERT A
3070 ST. JAMES DR.
BOCA RATON FL 33434**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LYON, ROBERT A**
STREET ADDRESS **3070 ST. JAMES DR.**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **VD** ☐ DELETE
NAME **PARDO, ANTONIO**
STREET ADDRESS **4285 S.W. 152ND AVE.**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **STD** ☐ DELETE
NAME **WEAD, MICHAEL W**
STREET ADDRESS **4321 NW 3RD ST**
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **STD**
3.3 STREET ADDRESS **WEAD MICHAEL W.**
3.4 CITY-ST-ZIP **4321 N.W. 3rd. St.
Coconut Creek, FL 33066**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE

3/25/98

1301 558-5570

CP2E034 (10/97)