

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000054296 (5)**

1. Corporation Name

DALLAS GRAPHICS, INC.



Principal Place of Business

Mailing Address

**806 FIG TREE LANE
BRANDON FL 33511**

**806 FIG TREE LANE
BRANDON FL 33511**

3. Date Incorporated or Qualified 07/10/1995	3a. Date of Last Report
4. FEI Number 59-3328061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**PAVONE, DALLAS V
806 FIG TREE LANE
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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, said s. 607.0505, Florida Statutes.

SIGNATURE

Dallas V. Pavone, President

1/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President and New Bus. Contact <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Dallas Von Pavone
STREET ADDRESS		1.3 STREET ADDRESS	806 Fig Tree Lane
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Brandon, FL 33511
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Exec. Vice President Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Anthony John Pavone
STREET ADDRESS		2.3 STREET ADDRESS	806 Fig Tree Lane
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Brandon, FL 33511
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V.P. Marketing, Finance, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Lisa Pavone Jones
STREET ADDRESS		3.3 STREET ADDRESS	806 Fig Tree Lane
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Brandon, FL 33511
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V.P. Human Resources, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Alice Anne Pavone
STREET ADDRESS		4.3 STREET ADDRESS	806 Fig Tree Lane
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Brandon, FL 33511
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V.P. MIS, Assist. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Dallas Dominic Pavone
STREET ADDRESS		5.3 STREET ADDRESS	806 Fig Tree Lane
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Brandon FL 33511
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

Lisa Pavone Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

813-681-6505

CR2E034 (12/95)