

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

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**May 01 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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: **806 FIG TREE LANE BRANDON FL 33511**  
Mailing Address: **806 FIG TREE LANE BRANDON FL 33511-6113**

3. Date Incorporated or Qualified: **07/10/1995**  
3a. Date of Last Report: **05/01/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-3328061</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip			<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PAVONE, DALLAS V 806 FIG TREE LANE BRANDON FL 33511</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON PAVONE, DALLAS</b>	1.2 NAME	<b>Pavone, Dallas Von</b>
STREET ADDRESS	<b>806 FIG TREE LANE</b>	1.3 STREET ADDRESS	<b>806 Fig Tree Lane</b>
CITY-ST-ZIP	<b>BRANDON FL</b>	1.4 CITY-ST-ZIP	<b>Brandon, FL 33511</b>
TITLE	<b>EVPO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Executive V. P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON PAVONE, ANTHONY</b>	2.2 NAME	<b>Pavone, Anthony John</b>
STREET ADDRESS	<b>806 FIG TREE LANE</b>	2.3 STREET ADDRESS	<b>806 Fig Tree Lane</b>
CITY-ST-ZIP	<b>BRANDON FL</b>	2.4 CITY-ST-ZIP	<b>Brandon, FL 33511</b>
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, LISA P</b>	3.2 NAME	
STREET ADDRESS	<b>806 FIG TREE LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAVONE, ALICE A</b>	4.2 NAME	<b>Paviglianiti, Alice Pavone</b>
STREET ADDRESS	<b>806 FIG TREE LANE</b>	4.3 STREET ADDRESS	<b>806 Fig Tree Lane</b>
CITY-ST-ZIP	<b>BRANDON FL</b>	4.4 CITY-ST-ZIP	<b>Brandon, FL 33511</b>
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAVONE, DALLAS D</b>	5.2 NAME	
STREET ADDRESS	<b>806 FIG TREE LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Elisabeth A. Pavone</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>806 Fig Tree Lane</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Brandon, FL 33511</b>

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 attachment with an address.

*Dallas Pavone, Dallas Von Pavone, Brandon, FL 33511*

CR2E034 (9/96)