

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/10/1995	
4. FEI Number 59-3328061	Applied For <input type="checkbox"/> Not Applicable
6. 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	VON PAVONE, DALLAS	
STREET ADDRESS	806 FIG TREE LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	PAVONE, ANTHONY JOHN	
STREET ADDRESS	806 FIG TREE LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	JONES, LISA P	
STREET ADDRESS	806 FIG TREE LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	PAVIGLIANITI, ALICE PAVONE	
STREET ADDRESS	806 FIG TREE LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	PAVONE, DALLAS D	
STREET ADDRESS	806 FIG TREE LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAVONE, ELISABETH A	
STREET ADDRESS	806 FIG TREE LANE	
CITY-ST-ZIP	BRANDON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with _____ address

SIGNATURE: *Lisa P Jones* **LISA PAVONE JONES** **410149** **812-1-911-505**

CR2E034 (10/97)