FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000058593 (1)**

1. Corporation Name

OMNIGRAPHICS INTERNATIONAL INC.

Principal Place of Business	Mailing Address
~~7222 S TAMIAMI TRAIL SUITE 202~~ 7126 BENEVA RD SARASOTA FL ~~34291~~ 34238	~~7222 S TAMIAMI TRAIL SUITE 202~~ 7126 BENEVA RD SARASOTA FL ~~34291~~ 34238

3. Date Incorporated or Qualified: 07/27/1995
3a. Date of Last Report:
4. FEI Number: 650597336 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7126 Beneva Rd	26 7126 Beneva Rd
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Sarasota, FL	28 Sarasota, FL
24 Zip 34238 25 Country Sarasota	29 Zip 34238 30 Country Sarasota

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGGIO, MICHAEL D
7222 S TAMIAMI TRAIL
SUITE 202
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7126 Beneva Rd
83
84 City Sarasota FL 85 Zip Code 34238

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 reinstated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MAGGIO, MICHAEL D 7222 S TAMIAMI TRAIL SUITE 202 SARASOTA FL 34231	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MAGGIO, ROSANNE J 7222 S TAMIAMI TRAIL SUITE 202 SARASOTA FL 34231	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MAGGIO, NICOLE M 7222 S TAMIAMI TRAIL SUITE 202 SARASOTA FL 34231	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 100001895891 -07/17/96--01016--011 ***225.00

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 if changed or added to an attachment with an address.

SIGNATURE: _____ PRESIDENT 6/14/96 991 927 5115 7/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)