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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058593 1. Corporation Name

OMNIGRAPHICS INTERNATIONAL INC.

Principal Place of Business
7400 DENEMA DD

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90070 022 ***150.00



Principal Place	e of Business	Mailing Address			1 108/108/ 118 (8/8) 0/11/ 0	iniit daiti Baias astas salas al	IEB IBEBU HII ZOOL
•		7126 BENEVA RD			· ·		
SARASOTA FL 34238 SARASOTA FL 34238							
						RITE IN THIS SPACE	
					3. Date Incorporated or Qualifed		
2 Delegate at D	New of Division	2a. Mailing Address			• 07/27/1995 4. FEI Number		Auglied Fee
2. Principal P	- 1 mula / N	12/2 Paracita Diad		65-0597336		Applied For Not Applicable	
21 7/26 Suite, Apt.	# all	26 1120 Devieu Suite, Apt. #, etc.	CS 570		05 0597 550		Additional
22	#, Clo.	27			5. Certifcate of Status Desired	1 1	Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	May Be
23 500	Soto FL.	28 Soca Sota	FL.		Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rrent year Intangible	
24 342	38 25 USA_	29 <i>34238</i> [3	30 U	SA	Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curre	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New	Registered Agent	
1440	SOLO MICUATI D	•	81	Name	•		
	GGIO, MICHAEL D		82	Street Add	dress (P.O. Box Number is Not Accept	table)	
	B BENEVA RD ASOTA FL 34238				198 - 198 2 to 4 to 199 4 to 198	NATIONAL STATE OF A SECRETARY	1.5 · 4 · 8 · 10 · 25 ·
OAN	A301A FL 34236		83	·			
			84	City	1 A 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zi	o Code
200	·			<u> </u>		FL "	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the abov	e-named cor	rporation submits this statement for the	e purpose or changing i	registered
				tne corporat	don's board or directors. Thereby acce		
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes	tne corporat s.	tion's board of directors. I hereby acce	pr and appendancement	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes	S.			
agent. I a SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: F	da Statutes	S.	red when reinstating), , , , , , , , , , , , , , , , , , ,	DATE	
agent. I a SIGNATURE 12.	om familiar with, and accept the obligations of registered against the obligation of	ations of, Section 607.0505, Florid	da Statutes	S.	red when reinstating), , , , , , , , , , , , , , , , , , ,	DATE	FORS IN 12
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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 sure 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 spot section to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on, an attachment my analysis section of the corporation of the corp

SIGNATURE