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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

appears in Block 12 or Block

SIGNATURE:

CHTY-ST-ZIE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060882 (4)

PALLADIUM GRAPHICS SPECIALTY ADVERTISING, INC.

Principal Place of Business Mailing Address 3204 ROWAN LANE 3204 ROWAN LANE TAMPA FL 33618-3015 TAMPA FL 33618 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 08/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3331262 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 ZiD Country Country Zιρ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HOLT DAVID W HOLT David 3204 ROWAW LAWE Street Address (P.O. Box Number is Not Acceptable) 82 TAMPA FL 33618 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 agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes

SIGNATURE

Description: DAVID W. HOLT egistered agent and tor if a (NOTE Registered Agent sign 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) 13. □ DELETÉ Change Addition 1.1 TITUE TOTALE HOLT, DAVID W 1.2 NAME 3204 ROWAN LANE 1.3 STREET ADDRESS STREET ADORESS **TAMPA FL 33618** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 21 TITLE Change ... Addition O'BRIEN, JOHN T NAME 2.2 NAME 5108 EAST FOWLER AVENUE 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33617** 2. 4 CITY - ST - ZIP CITY ST - ZIP DELETE Addition Change TITLE 3.1 TITLE HOLT, PATRICIA A NAME 3.2 NAME 3204 ROWAN LANE STREET ADDRESS 3.3 STREET ADDRESS **TAMPA FL 33618** CITY - ST - ZIP 3 4 CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TILLE 52 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 5 4 CITY - ST - ZIP DITY-ST-Z# DELETE 61 TITLE Change Addition TITLE NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

13 if changed or on an attachment with an address

FILED Jan 24 1997 8:00am Secretary of State

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