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

Mailing Address

AND WICOLOMAL DO

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

THE WILLIAM DO



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000063283 (2)

## ART-O-MATION GRAPHIC COMMUNICATIONS, INC.

SUITE 35 ORLANDO FL 32804 US		BUITE 35 ORLANDO FL 32804-7155 US		3. Date Incorporated or Qualified	3a. Date of Last	•	
					08/15/1995	05/01/1996	
1	lace of Business	2a. Mailing Address			4. FEI Number 59-3343025	<del>       </del>	Applied For
21   Suite, Apt. #, etc.		26					Not Applicable
¬ ''		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional Regulred
City & Stat	E	City & State			6. Election Campaign Financing		O May Be
23		28			Trust Fund Contribution		oto Fees
<i>Ζ</i> ιρ	Country	Zφ	Countr	y	8. This corporation has liability for in		
24]	25	29	30		Florida Statutes	Yes 🔀 No	
	9. Name and Address of Curr	ent Registered Agent		T-:	10. Name and Address of New Reg	latered Agent	
HAR	GROVE, CHARLES D		81	Name			
224 ANNIE STREET			82 Street Address (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32804						
			83	1			
			84	City		- 85 Zi	p Code
					rporation submits this statement for the pu	FL	
office or r	registered agent, or both, in the Sta im familiar with land accopt the obl	te of Florida. Such change was a igations of, Section 607.0505, Flo	authorized b orida Statute	y the corpora s.	ation's board of directors. I hereby accep	t the appointment a	as registered
12.	Signature, typed or printed name of registered in	igent and too if applicable (NOT) IND DIRECTORS	E Registered Ag	ant signatura requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	OPS IN 12
1:11.E	DPST	DELETE	1.1 TITLE	Tr	VOST	Change	
NAME	BACH, SETH A	C. Dittil	1.2 NAME				, Madicion
	107 SQUIRE HILL RD				UTEUITOU 11***	_	
STREET ADORESS	LONGWOOD FL 32779		1.4 CITY-	موا ا	IENTER GRADEN , FL 3478	7	
CHY-ST 2H	LONGITOOD I'L SETTE	DELETE	2.1 TITLE	31 - £1F		Chano	e Addition
NAME			22 NAME 23 STREET ADDRESS			•	
STREET ADDRESS							
CHY-ST-ZIP			2. 4 CITY-ST-ZIP			•	
TITLE		☐ DELETE	3.1 TITLE			Change	e Addition
NAME			3.2 NAME	•			
STREET ADDRESS			3.3 STREE	T ADDRESS			
City - St - ZiP			3.4. CITY-	ST-ZIP			
TITLE	☐ DELETE		4.1 TITLE			Chang	e Addition
NAME			4. 2 NAME	:	•		
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - ST - ZIP		····	4.4 CITY-	ST-2IP			
TIILE	DELETE		5.1 TITLE			Change	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
City+St-ZiP			54 CITY-	ST-ZIP			(m) 4 x 100
TOLE			6 1 TITLE	İ		Change	e Addition
NAME			62 NAME				
STREET ADORESS				T ADDRESS			
CITY-ST-7P		E	64 CITY-		dis Caster Hood/ava Figure Control	16 mbas santis of	at the
informatio	on indicated on this annual report o	r supplemental annual report is t or the receiver or trustee empow	rue and acc vered to exe	urate and the	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as if made a	under oath; that

FILED
May 12 1997 8:00am
Secretary of State

