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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073292 (1)

ADRENALINE RUSH GRAPHICS, INC.

FILED Feb 05 1997 8:00am Secretary of State



Principal Place of Business 131 TOMAHAWK DRIVE UNIT 108 INDIAN HARBOR BEACH FL 32937		131 TOMAHAV UNIT 10B	Mailing Address 131 TOMAHAWK DRIVE UNIT 108 INDIAN HARBOR BEACH FL 32937-3544				T 40 TIN DET TIE LENGT SKILL ODIN DOTH BENT BENT DEAD KILD NEID JOHN 1101 1601				
	• • • • • • • • • • • • • • • • • • • •						3. Date Incorporated 09/21/1995	or Qualified		e of Last F)/1996	leport
2, Principal	Place of Business	2a. Mailing A	Address				4. FEI Number NOT APPLICA	BLE	J	h	pplied For ot Applicable
Suite Ap	t # etc.	Suite: Ap	it: #, etc.				5. Certificate of Status	Desired		-	Additional equired
City & St. 23	ate	City & Sta 28	ate				6. Election Campaign Trust Fund Contribu	-			May Be to Fees
Zip	Country	Ζφ			ıntry		8. This corporation ha				199.032,
24	[25]	[29]		30			Florida Statutes 10. Name and Addres		Yes _		
	g, Name and Address of Cu	rrent Hegistered Age	nt		81	Name	10. Name and Addres	S OT NOW HOS	ISTOTOC A	gent	
	HNSON, RANDY				"	ivanie:					
	1 Tomahawk drive IIT 10B				82	Street Add	ress (P.O. Box Number is I	Not Acceptable	e)		
	DIAN HARBOR BEACH FL 3293	37			83						
					84	City		1.00	FL	85 Zip	Code
	nt to the provisions of Sections 607				Ш						18. v
office o	r registered agent, or both, in the S Lam famil ar with, and accept the o	State of Florida. Such c	change was a	uthorize	d by	the corpora	tion's board of directors. I	hereby accep	t the appo	intment as	, registered
O'CHAN O'R	Signature, typed or profest name of regis cre		(NOTE		ed Age	nt signature requ	red when reinstating)		DATE		
12.		AND DIRECTORS		13.			ADDITIONS/CHANG	ES TO OFFIC			<u> </u>
TITLE	PDV	L	_ DELETE	1.1 T	ITLE					Change	Addition
NAMÉ	JOHNSON, RANDY			1.2 N							
STREET ADDRESS	S 206 HIGHWAY A1A SATELLITE BEACH FL 3293	27				ADDRESS					
CHY-ST-ZiF	SATELLITE BEACH FL 3283		1 DOLETE		ITY-S	T- ZIP				Change	Addition
†ITL E		L	DELETE	2.1 7						CHANGE	E HOURION
NAME				2.2 N					4.44		
STREET ADDRESS	S					ADDRESS					
COLY - ST - ZIP TOTLE			DELETE	3.1 7		ST - ZIP			**************	Change	Addition
NAME		_			AME						
STREET ADDRESS	2			1		ADDRESS					
CHY-ST-Z#						ST - ZIP					
	1				11 Y - 3						4 5 155
TiTLE			DELETE	41 T				······································		Change	Addition
NAME			DELETE	41 T						Change	Addition
	s		DELETE	41 T 4 2 I	ITLE NAME	ADDRESS		**************************************		Change	Addition
NAME	S		_ DELETE	41 T 4 2 I 4.3 S	ITLE NAME TREET			***************************************		Change	L.J. Aødiliol
NAME STREET AUDRES	S		DELETE DELETE	41 T 4 2 I 4.3 S	ITLE NAME STREET STY-S	ADDRESS				Change Change	
NAME STREET AUDRES CITY-ST-ZIP	s			41 T 4 21 4.3 S 44 C 51 T	ITLE NAME STREET STY-S	ADDRESS					
NAME STREET ADDRES CITY-ST-ZIP TITLE				41 T 4 2 I 4.3 S 44 C 51 T 52 N	TALE TABLET OTY-S TALE TAME	ADDRESS					
NAME STREET ADDRES CITY-ST-ZIP TITLE NAME		C	DELETE	41 T 4 2 I 4.3 S 44 C 51 T 52 N 53 S	TALE TABLET OTY-S TALE TAME	ADDRESS IT-ZIP ADDRESS				Change	Addition
NAME STREET ADDRES CITY-ST-ZP TITLE NAME STREET ADDRES		C		41 T 4 2 I 4.3 S 44 C 51 T 52 N 53 S	THE NAME STREET STLE JAME STREET STREET	ADDRESS IT-ZIP ADDRESS					Addition Addition
NAME STREET ADDRES CITY-SI-ZIP TITLE NAME STREET ADDRES CITY-SI-ZIP		C	DELETE	41T 42I 43S 440 51T 52N 53S 540	THE NAME STREET STLE JAME STREET STREET	ADDRESS IT-ZIP ADDRESS				Change	Addition
NAME STREET ADDRES CITY-SI-ZP TIFLE NAME STREET ADDRES CITY-SI-ZP TIFLE	S	C	DELETE	41T 42I 43S 44C 51T 52N 53S 54C 61T 62N	THE NAME STREET STILE STREET STREET STILE STREET STILE STAME	ADDRESS IT-ZIP ADDRESS				Change	Addition

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 comparation or the receiver of trustice employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Back 13 if changed, by onlyin attachment with an artifless.

SIGNATURE:

1-26-97 407-777-6226