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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094103 (5)

PRISM GRAPHICS, INC. Principal Place of Business Mailing Address 7907 BRIDLINGTON DRIVE 7907 BRIDLINGTON DRIVE **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0630031 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Г 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 APPEL JEFFREY 7907 BRIDLINGTON DRIVE 82 6 BOYNTON BEACH FL 33437 83 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 account his bligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. DELETE Addition XX Change TITLE D 1 1 TITLE APPEL, JEFFREY 1.2 NAME NAME 1733 VILLAGE BLVD APT 306 1.3 STREET ADDRESS STREET ADDRESS 7907 Bridlington Drive WEST PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Boynton Beach, Fl 33437 DELETE 2.1 TITLE TITLE APPEL, ALICIA 2.2 NAME NAME 7907 BRIDLINGTON DR 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON BCH FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Channe TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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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 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 on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

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4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

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Secretary of State

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