

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096921 (8)

1. Corporation Name

TECHNOGRAPHICS PRODUCTIONS, INC.



Principal Place of Business

20911 LEEWARD COURT #248
AVENTURA FL 33180

Mailing Address

20911 LEEWARD COURT #248
AVENTURA FL 33180

3. Date Incorporated or Qualified
12/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

APPLIED

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAPPIN, LYNN
20911 LEEWARD COURT #248
AVENTURA FL 33180

81 Name

LAWRENCE G. HEARERO

82 Street Address (P.O. Box Number is Not Acceptable)

40 PROFF. BUSS. ACTNG.

83

312A S.W. 12 AVE.

84 City

MIAMI

FL

85

Zip Code
33130

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 accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed below signature and date)

(NOTE: Registered Agent signature required when re-registering)

DATE

4/12/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME LYNN LAPPIN
1.3 STREET ADDRESS 20911 LEEWARD COURT, #248
1.4 CITY - ST - ZIP AVENTURA, FL. 33180

2.1 TITLE SECRETARY ☐ Change ☒ Addition
2.2 NAME ROBERT H. UNSCHULD
2.3 STREET ADDRESS 20911 LEEWARD COURT, #248
2.4 CITY - ST - ZIP AVENTURA, FL. 33180

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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:

Robert H. Unschild
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

682-1969

Daytime Phone #

CR2E034 (12/95)