SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000576 (4)

GRAPHICS PLUS, INC.

Principal Place of Business	Mailing Address	1 (08)3881 318 (01)3 4(1)1 00(1)
4521 PGA BLVD. SUITE 340 PEMBROKE PINES FL 33418	4521 PGA BLVD. SUITE 340 PEMBROKE PINES FL 33418	TON OC
		3. Date Incorporated or Qu 01/03/1996
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65'064'045'0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Certificate of Status Desi
City & State	City & State	8 Finaline Communica Finan

FILED Aug 29 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			, continue sea touch altife maint and it and	litti da kin dalah dalah di kil	1 10 0 40 0 111 60 64
4521 PGA BL	VD.	4521 PGA BLVD.					
SUITE 340 SUITE 340 PEMBROKE PINES FL 33418 PEMBROKE PINES FL 334				TION TO NOT INDITE	IN THE COACE		
FEMBRUKE F	THES TE 33410	PEMBROKE PINES FL 33	418		3. Date Incorporated or Qualified	IN THIS SPACE 3a. Date of Las	t Danari
						Sa. Date of Cas	it rieport
2. Principal F	Place of Business	2a. Mailing Address			01/03/1996 4. FEI Number	<u> </u>	Anntind Co.
21		26			650640450	\vdash	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			000010100	¢0.7	5 Additional
22		27			5. Certificate of Status Desired		Required
City & Stat	ie .	City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has pa		
24	25	29	30		Personal Property Tax due June		□ No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
VE	NTO, JOSEPH P		ε	Name			
	21 PGA BLVD.		8	2 Street Add	dress (P.O. Box Number is Not Acceptate	nle)	
SU	ITE 340		L.		areas (1.6. Box Hamber to Not Nocopial	510)	
PAI	LM BEACH GARDENS FL 33418		8	3			
				4 City		- In-1 7	
						FLIT	ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abo	ve-named cor	poration submits this statement for the p	urpage of changing	g its registered
agent. I a	am familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	iutnorizeo irida Statut	by the corpora es.	ation's board of directors. I hereby acce	of the appointment	as registered
SIGNATURE							
	Signature, typed or printed name of registered age			igoni signature requ	ured when reinstaling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	· =	∐ DELETE	1.1 THTLE			L Chang	pe ∐ Addition
NAME	VENTO, JOHN A		1.2 NAM	E			1
STREET ADDRESS	4521 PGA BLVD. SUITE 340	10440	1.3 STRE	ET ADDRESS			Į.
CITY-ST-ZIP	PALM BEACH GARDENS FL 3		1.4 City				
TITLE	VD	☐ DELETE	2.1 7(7).8			☐ Chang	e LAddition (
NAME	VENTO, JOSEPH P		2.2 NAM	1			
STREET ADDRESS	4521 PGA BLVD. SUITE 340 PALM BEACH GARDENS FL 3	10440		E1 ADDRESS			1
CITY-ST-ZIP TITLE	FALM BEACH GARDENS FL 3	DELETE		-ST-ZIP			
NÁME	.,	רי הנדנונ	3.1 TITLE	- 1			e L Addition
	•		3.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3 4. CITY				. Addition
NAME		□ DELLTE	4.1 TITLE			LJ Chang	e ∐ Addition
STREET ADDRESS			4. 2 NAM	·-			
			1	ET ADDRESS			
CITY-ST-ZIP TITLE		DELFTE	4.4 CITY 5.1 TITLE				a Addition
NAME						☐ Chang	e 🔲 Addition
STREET ADDRESS			5.2 NAM	- 1			į
				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE			Chang	a Addition
NAME		L) been	i i			i ∩usuði	e L. Addition
STREET ADORESS	· \$4		6.2 NAMI				ŀ
OTTY OF THE	,		0.3 STRE	ET ADDRESS			·

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 employered 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 an attackment with an address.