

1ST NOTICE - NEW ADDRESS

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$850 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000012231**

1. Corporation Name  
**ASAP GRAPHICS, INC.**

Principal Place of Business

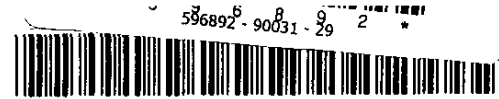
7915 N.W. 8 CT.  
MARGATE FL 33063

Mailing Address

7915 N.W. 8 CT.  
MARGATE FL 33063

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90031 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/05/1996**

4. FEI Number

**65-0590496**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **2519 TORTUGAS LN.**

Suite, Apt. #, etc.

22 **FT. LAUDERDALE, FL.**

City & State

23 **33312**

Zip

24 **USA**

Country

2a. Mailing Address

26 **2519 TORTUGAS LN.**

Suite, Apt. #, etc.

27 **FT. LAUDERDALE, FL.**

City & State

28 **33312**

Zip

29 **USA**

Country

9. Name and Address of Current Registered Agent

**FRIEDMAN, AMES M**  
**7915 N.W. 8 CT.**  
**MARGATE FL 33063**

**2519 TORTUGAS**  
**FT. LAUDERDALE, FL.**  
**33312**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/12/99**

12. OFFICERS AND DIRECTORS

TITLE **0** ☐ DELETE

NAME **FRIEDMAN, AMES**  
STREET ADDRESS **7915 N.W. 8 CT**  
CITY-ST-ZIP **MARGATE FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **AMES FRIEDMAN** ☒ Change ☐ Addition

1.2 NAME **2519 TORTUGAS LN.**

1.3 STREET ADDRESS **FT. LAUDERDALE, FL. 33312**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AMES FRIEDMAN**

Date

Daytime Phone #

**7/12/99** **(954) 7929493**

CR2E034 (5/99)

596892-90031-29  
P96000012237 13-99

To whom it may concern,

We have been instructed by your office  
to remit a fee of \$150. for our corporate  
~~filings. We did not receive our first notice~~  
due to the fact that it was sent to our  
former address.

Thank you,

Ames Friedman

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A.S.A.P. Graphics Inc.