

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000017221 (8)

1. Corporation Name

MARTINI GRAPHIC SERVICES, INC.

Principal Place of Business

Mailing Address

700 BERYL PLACE
ORLANDO FL 32835

700 BERYL PLACE
ORLANDO FL 32835-1871

3. Date Incorporated or Qualified

02/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 5205 S. Orange Ave

2a. Mailing Address

26 5205 S. Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 208

27 Ste. 208

City & State

City & State

23 Orlando FL

28 Orlando FL

Zip

Country

Zip

Country

24 32809

25 USA

29 32835

30 USA

4. FEI Number

59-3364075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

POOLE, WILLIAM F IV
844 W COLONIAL DRIVE
ORLANDO FL 32804

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

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARTINI, WILLIAM
STREET ADDRESS 700 BERYL PLACE
CITY-ST-ZIP ORLANDO FL 32835

TITLE D
NAME MARTINI, PAMELA G
STREET ADDRESS 700 BERYL PLACE
CITY-ST-ZIP ORLANDO FL 32835

TITLE D
NAME MARTINI, JOSEPH B
STREET ADDRESS 842 APPLETON AVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE D
NAME MARTINI, MICHELLE L
STREET ADDRESS 842 APPLETON AVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

PAMELA G. MARTINI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: me Phone #

CR2E034 (9/96)