

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

FILED

Jun 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000028208 (2)

1. Corporation Name  
GRAPHICALLY SPEAKING, INC.



Principal Place of Business  
8650 S.W. 14TH COURT  
PEMBROKE PINES FL 33025

Mailing Address  
8650 S.W. 14TH COURT  
PEMBROKE PINES FL 33025-3308

2. Principal Place of Business

21 6979 S.W. 148th Lane

Suite, Apt. #, etc.

22

City & State

23 Davie, FL

Zip

24 33331

Country

25 U.S.A.

2a. Mailing Address

26 6979 S.W. 148th Lane

Suite, Apt. #, etc.

27

City & State

28 Davie, FL

Zip

29 33331

Country

30

3. Date Incorporated or Qualified  
04/01/1996

3a. Date of Last Report

4. FEI Number

65-0655775

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 18TH STREET  
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

82 SUZANNE O'REILLY

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

6979 SW 148th Lane

84

City

Davie

FL

85

Zip Code

33331

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 fee if applicable

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

DATE

4/28/97

12. OFFICERS AND DIRECTORS

1. TITLE  
NAME O'REILLY, DANIEL K  
STREET ADDRESS 6979 S.W. 148th Lane  
CITY-ST-ZIP Davie FL 33331

2. TITLE  
NAME O'REILLY, SUZANNE  
STREET ADDRESS 8650 S.W. 14TH COURT  
CITY-ST-ZIP PEMBROKE PINES FL 33025

3. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
NAME O'Reilly, Daniel K  
STREET ADDRESS 6979 S.W. 148th Lane  
CITY-ST-ZIP Davie FL 33331

2.1 TITLE  
NAME O'Reilly, Suzanne  
STREET ADDRESS 6979 S.W. 148th Lane  
CITY-ST-ZIP Davie, FL 33331

3.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
NAME  
STREET ADDRESS  
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

Signature, typed or printed name of registered agent and fee if applicable

4/28/97

CR2E034 (9/96)