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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT #	P96000030175	(9)

ASTRO GRAPHS, INC.

FILED

Mar 18 1997 8:00am

Secretary of State

Principal Place of Business 16520 S. TAMIAMI TRAIL	Mailing Address 18520 S. TAMIAMI TRAIL	I PRAKADI RA KAKE AKAI BAM BAM BAKI BAKI ATATA KAKI
FT. MYERS FL 33913	FT. MYERS FL 33908-4521	

				04/05	ncorporated or Qualified /1996	3a. Da	Date of Last Report			
2. Principal F	face of Business	2a, Mailing Address				4. FEI N	ımber		77	Applied For
21		26				65-0	0668437			Not Applicable
Suite, Apt 22	#. etc.	Suite, Apt. #, etc				5. Certifi	cate of Status Desired			Additional Required
City & Stat 23	to	City & State					on Campaign Financing Fund Contribution			O May Be d to Fees
Z ţ 24	Country 25	Zip 29	30	untry			orporation has liability for a Statutes	intangible X Yes [s. 199.032,
	9. Name and Address of Curre	ent Registered Agent				10. Name	and Address of New R	egistered /	igent .	
MOZ	ZZICATO, FRANK			81	Name					
1652	20 S. TAMIAMI TRAIL			82	Street	Address (P.O. Bo	x Number is Not Accepta	b/e)	·	
FT. 1	MYERS FL 33913				0					
				83						
				84	City	, , , , , , , , , , , , , , , , , , ,		FL	85 Zij	p Code
11 Disc 2221	to the provisions of Sections 607.0	502 and 607 1509 Florida 6	tabular the	L	namod	cornoration subs	ite this statement for the		changing	ite registered
office or i agent 1 a	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida Such change in igations of, Section 607.050	was authorize 5, Florida Sta	ed by	the corp	poration's board o	f directors. I hereby acce	pt the app	ointment s	is registered
SIGNATURE	Soprature, type for proded harmoning stered a	agent and title if applicable	(NOTE Register	ed Age	ent signature	required when reinstate	10)	DATE		
12.		ND DIRECTORS	13.				ONS/CHANGES TO OFF	CERS AND	DIRECTO	ORS IN 12
Till F		DELETE	1,11	TITLE	7	Preside	n t		Change	Addition
NAME	Į,		121	NAME			R. Mozzicato	_		XXX
STREET ADDRESS	1		1.3 5	STREET	ADDRESS	116520 C	. Tamiami T) #	100	
CHY-51 20:			140	CITY-S	ST-21P	F+ M	· ramiami i	I., #	10~2	22
TITLE		DELETE				r t Tiyer	s, FL 3390	3-332 .	Change	Addition
NAME			2.21	NAME	ļ					
STREET ADDRESS			235	STREET	ADDRESS					
CITY-ST Zir			2.4	CITY-!	ST-ZIP					
TITLE	1	DELETE		ITLE					Change	Addition
NAME			3.21	NAME	Ì					
STREET ADDRESS]		333	STREET	ADDRESS)	•			
City St 79			1		ĭ					
lift			3.4	CITY - S	ST-ZIP I					e Addition
******		DELETI		CITY - S	ST-ZIP				Change	Andulior
NAME		DELETI	4.11		ST-ZIP				Change	e LI Addition
STREET ADDRESS		DELETI	4.1 1 4.2	TITLE NAME	ST-ZIP ADDRESS				Change	e LI Addition
		☐ DELETI	4.11 4.2 433	TITLE NAME	ADDRESS				☐ Change	e [_] Addition
STREET ADDAFSS		☐ DELETI	E 4.11 4.2 433 4.41	TITLE NAME STREET	ADDRESS				☐ Change	
STREET ADDRESS.			E 4.11 4.2 433 4.41 E 5.11	TITLE NAME STREET CITY - S	ADDRESS					
STREET ADDRESS CITY - ST- 7PP TULE			E 4.11 4.2 433 4.48 E 5.11 5.21	TITLE NAME STREET CITY-S TITLE NAME	ADDRESS					
STREET ADDRESS. CITY - ST- 7/P THEE NAME STREET ADDRESS.			E 4.11 4.2 433 4.41 E 5.11 5.21	TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP ADDRESS					
STREET ADEASSS CITY - ST - ZIP THEE NAME			E 4.11 4.2 4.33 4.41 E 5.11 5.21 5.33	TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ST-ZIP ADDRESS					e 🔲 Addition
STREET ADDRESS. CITY STUZIP THEE NAME STREET ADDRESS CITY STUZIP HILE		DELETI	E 4.11 4.2 4.33 4.44 E 5.11 5.21 5.33 5.44	ITUE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	ADDRESS ST-ZIP ADDRESS				☐ Change	e 🔲 Addition
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STREET ADDRESS. CITY STEZIP THEE NAME STREET ADDRESS. CITY STEZIP THEE		DELETI	E 4.11 4.2 4.33 4.44 5.11 5.21 5.33 5.44 6.11 6.24 6.35	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ST-ZIP ADDRESS				☐ Change	e 🔲 Addition

14. Ide hereby certly that the information supplied with this filling 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 FORMAG OFFICER OR DIRECTOR

3/13/97 941-482-3043

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