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 # P96000045936 (7)

Country

9. Name and Address of Current Registered Agent

25

2651 ROCK ISLAND RD., SUITE 208

ST. GEORGE, SANDRA

MARGATE FL 33063

SOPHISTI-GRAPHICS, INC.

Principal Place of Business

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

27

28

29

Suite, Apt. #, etc.

2651 ROCK ISLAND RD., SUITE 206 MARGATE FL 33063 2651 ROCK ISLAND RD., SUITE 206 MARGATE FL 33063 APPROVED AND FILED

97 AUG -1 AM 9: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Zip Code

		<u> </u>			
06		DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualified 05/29/1996	Da	ate of Last Report	er
		4. FEI Number 667 9	05	Applied For Not Applicable	7
		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
intry		This corporation owes or has pa Personal Property Tax due June		rent year Intangible Yes 🔲 No	
		10. Name and Address of New Re	gistered /	Agent	
81	Name				
82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)		
B3	_				

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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 90002259899-LAMilion -08/06/97--01038--017 ****165.00 *****165.00 TITLE □ DELETE 1.1 TITLE BIDEN SIGEORGE KISLAND RO NAME 1.2 NAME 8 5.00 E STREET ADORESS 1.3 STREET ADDRESS ARGBOE FL. 33063 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY-SI-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

101CM THERE BECOME

Count

84 City

30