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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

0153694

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000056486 (9)

D & M (	GRAPHICS, INC.				
Frincipal Place of Business 1000 WEST MCNAB ROAD, SUITE 296 POMPANO BEACH FL 33069		Mailing Address 1000 WEST MCNAB ROAD, SUITE 236 POMPANO BEACH FL 33069-4719		T \$480,4901 FIR CRIMA BUINI ROSHI BASHI BRIH ODDAN BUINE DIXIL DIXIL BUINI BUIN 1911 BUIN 1911	
				3. Date Incorporated or Qualified 3a. Date of Last Report 07/03/1996	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number Applied For Not Applied beautiful Applied Applied Applied For Not Applied For No	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required	
City & State	0	City & State	<del> </del>	6. Election Campaign Financing \$5.00 May Be	
23 Zip	Country	28	Country	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,	
24	9. Name and Address of Current		30	Florida Statutes Yes No  10. Name and Address of New Registered Agent	
				DIANA SAUNDERS	
	ALMERIA AVENUE VAL GABLES FL 33134		82 Street Ad	ddress (P.Q. Box Number is Not Acceptable)  OO WEST MC NAB RD, SuitE 236	
			84 City Po	MPANO BEACH FL 85 395869	
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.					
agent La	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Stephen by Stephen Ste	and title it applicable (NOTE:	Registered Agent signature re	squired when reinstalling)  DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12	
TITLE	PSTD	☐ DEL€TE	1.1 TITLE	SECTREAS. Change Addition	
NAME MARX, MARCIA SHELL ADDRESS 1000 WEST MCNAB ROAD, SUITE 236		TE 038	1.2 NAME	DIANA SAUNDERS  1000 WEST MCNAB, SUITE 236  POMPANO BEACH, FC 33069  Change Addition	
CHY-S1-7/P	POMPANO BEACH FL 33069		1.9 STREET ADDRESS 1.4 City+St-Zip	DOLLOAND DEADH FL 22069	
71TLE	TOWN TATO DESCRIPTION OF	DELETE	2.1 TITLE	□ Change □ Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-SI-ZIP I			2. 4 CITY-ST-ZIP		
TITLE		☐ DELFTE	3.1 TITLE	Change Addition	
NAME		•	3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY ST Zir		Declere	3 4. CiTY-ST-ZiP		
TITLE		LJ DELETE	4.1 TITLE	Li Change Li Addition	
NAME			4, 2 NAME		
STREET LADORESS			4.3 STREET ADDRESS		
Crity-ST-2iP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition	
TILLE NAME		- Decent	5.2 NAME	La vinango La Audutoti	
STREET ADDRESS			5.3 STREET ADDRESS		
City St-7P			54 CITY-ST-ZIP		
HILE		DELETE	61 TIFLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-ST ZIP			6.4 CHTY-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.