

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056486

1. Corporation Name

D & M GRAPHICS, INC.

Principal Place of Business

1000 WEST MCNAB ROAD, SUITE 236
POMPANO BEACH FL 33069

Mailing Address

1000 WEST MCNAB ROAD, SUITE 236
POMPANO BEACH FL 33069

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90139 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1996

4. FEI Number

65-0679353

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SAUNDERS, DIANA
1000 WEST MCNAB RD SUITE 236
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

DIANA SAUNDERS

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

2608-1 N. OCEAN BLVD.

83

SUITE #112

84

POMPANO BEACH

FL

85 Zip Code

33062

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

Diana K. Saunders

4/29/99

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 PSTD
NAME MARX, MARCIA
STREET ADDRESS 1000 WEST MCNAB ROAD, SUITE 236
CITY-ST-ZIP POMPANO BEACH FL 33069

☐ DELETE

TITLE ST
NAME SAUNDERS, DIANA
STREET ADDRESS 1000 WEST MCNAB SUITE 26
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PSTD

☒ Change

☐ Addition

1.2 NAME

MARX, MARCIA

1.3 STREET ADDRESS

2608-1 N. OCEAN BLVD. SUITE 112

1.4 CITY-ST-ZIP

POMPANO BEACH, FL 33062

2.1 TITLE

ST

☒ Change

☐ Addition

2.2 NAME

SAUNDERS, DIANA

2.3 STREET ADDRESS

2608-1 N. OCEAN BLVD. SUITE 112

2.4 CITY-ST-ZIP

POMPANO BEACH, FL 33062

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 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, with all other like empowered.

SIGNATURE:

Marcia Marx

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

DATE

(94) 82-3358

DATE AND PHONE #

CR2E034 (11/98)