

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

FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000057646 (7)**

1. Corporation Name  
**T.M.T. GRAPHICS, INC.**



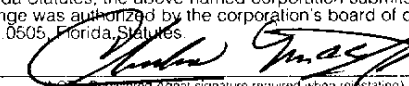
Principal Place of Business <b>1671 SOUTHWEST 27 AVENUE FORT LAUDERDALE FL 33312</b>	Mailing Address <b>1671 SOUTHWEST 27 AVENUE FORT LAUDERDALE FL 33312-3962</b>
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3. Date Incorporated or Qualified <b>07/09/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 6608 Blvd of Champions</b>	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 N. Lauderdale, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29 33068</b>	Country <b>30 Broward</b>
9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent	

81 Name <b>Charles McCaffrey</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>6608 Blvd of Champions</b>	83	84 City <b>N. Lauderdale</b>	85 Zip Code <b>FL 33068</b>
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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 **Charles McCaffrey**  **2-10-97**  
Signature, typed or printed name of registered agent and date if applicable (If not registered agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THOMAS, MICHAEL E</b>		1.2 NAME <b>McCAFFREY Charles</b>	
STREET ADDRESS <b>1671 SOUTHWEST 27 AVENUE</b>		1.3 STREET ADDRESS <b>6608 Blvd of Champions</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33312</b>		1.4 CITY-ST-ZIP <b>N. Lauderdale, FL 33068</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b></b>		2.2 NAME <b>McCAFFREY Dorothy S.</b>	
STREET ADDRESS <b></b>		2.3 STREET ADDRESS <b>6608 Blvd of Champions</b>	
CITY-ST-ZIP <b></b>		2.4 CITY-ST-ZIP <b>N. Lauderdale, FL 33068</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	3.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		3.2 NAME <b></b>	
STREET ADDRESS <b></b>		3.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		3.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	4.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		4.2 NAME <b></b>	
STREET ADDRESS <b></b>		4.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		4.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	5.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		5.2 NAME <b></b>	
STREET ADDRESS <b></b>		5.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		5.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		6.2 NAME <b></b>	
STREET ADDRESS <b></b>		6.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		6.4 CITY-ST-ZIP <b></b>	

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  **2-10-97** **954-971-0688**

CR2E034 (9/96)