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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000073477 (7)

PIONEER GRAPHIC SYSTEMS, INC.

Principal Place of Business Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



2198 MAIN STREET 2198 MAIN STREET SARASOTA, FL 34237 SARASOTA, FL 3423 US					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 09/05/1996	S SPACE
	ace of Business	2a. Mailing Address	26		4. FEI Number	Applied For
21		26			65-0692990	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
JAENSCH, PETER J 2198 MAIN STREET 03				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
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 Storeture, byped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
		<u> </u>		Agent signature req	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
12.	D OFFICERS A	ND DIRECTORS DELETE	13. 1.1 161	F F	ADDITIONS/CHANGES TO OFFICERS AT	Change Addition
NAME	CALDAROLA, MICHAEL	Detere	1.2 NA			
STREET ADDRESS	8447 SHADY BROOK LANE			LEET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243			Y-ST-ZIP		
TITLE		DELETE	2.1 TITU			Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 STF	EET ADDRESS		
CITY-ST-ZIP			2.4 CI	Y-ST-ZIP		
TITLE		☐ DELETE	3.1 1111	.E		Change Addition
NAME			3.2 NAI			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		T NECEST		Y-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITI			
NAME			4. 2 NA			
STREET ADDRESS				REET ADDRESS		ļ
CITY-ST-ZIP		DELETE	4.4 CII 5.1 TIT	Y-ST-ZIP		Change Addition
NAME		- vection	5.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 TIT			Change Addition
NAME			6.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		/ .	- 1	Y-ST-ZIP		!
	certify that the information supplied	with his filing does not qualify	for the exe	mption stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on this annual roport or supply fental innual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation of the c

4/1/98

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