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

Mailing Address

SUITE 9

513 WEST COLONIAL DRIVE

ORLANDO FL 32004-6966

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

513 WEST COLONIAL DRIVE

ORLANDO FL 32804

SUITE 9



appears in Block 12 or Block 13 if changed, or on an attachment with an address

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State / DIVISION OF CORPORATIONS

DOCUMENT # P96000095162 (9)

AMERICAN COLOR GRAPHICS, INC.

3a. Date of Last Report 3. Date Incorporated or Qualified 11/20/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Z:DZio Yes 🗌 No Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City Zip Code 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 5 in order type is or princed nation of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TILLE BAILEY, DONALD S 1.2 NAME NAVE 513 WEST COLONIAL DRIVE STE 9 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 1.4 CITY-ST-ZIP CHY+S1-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY SI Change Addition 🔲 DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-SI-7P DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIE Change ___ Addition DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 0(1y-51-2#) Change ___ Addition DELETE 6.1 TITLE THE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - S1 - ZIP 14. I do hereby ceruly 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

FILED
Mar 05 1997 8:00am
Secretary of State



mild 5 Dails, 1/3/197 407-123-7872