## 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 # P96000095162 (9)

AMERICAN COLOR GRAPHICS, INC. 

**FILED** Apr 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				r statistät sin savia divin attivi advis advis advis attivi attivi attivi attivi attivi attivi attivi attivi attivi		
513 WEST COLONIAL DRIVE SUITE 9 ORLANDO FL 32804		513 WEST COLONIAL DRIVE SUITE 9 ORLANDO FL 32804				
				DO NOT WRITE IN THIS SPACE		
0110110011	0000	OTICATION TO VEGO		3. Date Incorporated or Qualified		
				11/20/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 P.O. Box 8	JY 1156	59-34 19045	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8,75 Additional Fee Required	
City & State	е	28 Orlando	杞	8. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	29 32854 3	Country 0 USA	This corporation owes or has paid the operation Property Tax due June 30.	current year Intangible	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	d Agent	
CO	RPORATION SERVICE COMPAN	14	81 Name			
1201 HAYS STREET TALLAHASSEE FL 32301-2525			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
1.			83			
			84 City	F	85 Zip Code	
agent. I a	ور المستحد الم		da Statutes. Registered Agent signature requi	tion's board of directors. I hereby accept the a	<b>1539</b>	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND/DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	BAILEY, DONALD S		1.2 NAME			
STREET ADDRESS	513 WEST COLONIAL DRIVE	STE 9	1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804	DELETE	1.4 CiTY-ST-ZIP		[ ] [ ] Laberton	
TITLE NAME	<b>)</b>	☐ OFFEE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	The state of the s		
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP	<b></b>		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Channe Addition	

14. I hereby certify that the information supplied with this filling 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

24/98

Addition