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CORPORATION

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Sandra B. Mortham ANNUAL REPORT

DOCUMENT # P96000095953 (1) H G AND ASSOCIATES GRAPHIC ARTS CONSULTANTS. INC Principal Place of Business Mailing Address 1820 SE € STREET 1820 SE E STREET DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/25/1996</u> Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable 65-0711715 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GOULD, HENRY J 1820 SE 6 STREET Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33441** City Zip Code 85 11. Pursuant to the provisions of Soctions 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 Signature, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition GOULD, HENRY J 1.2 NAME NAME 1820 SE 6TH STREET STREET ADDRESS 13 STREET ADDRESS DEERFIELD BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 TITLE Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE ☐ Addition 6.2 NAME NAME

6.4 CITY-ST-ZIP not qualify for the femption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to expert the this report as required by Chapter 607, florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing indicated on this annual report or supplied entire annual report or director of the corporation of the receiver or this Block 12 or Block 13 if change they an altachment the

6 3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Apr 21 1998 8:00am

Secretary of State