

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023151 (8)
1. Corporation Name
KAR/DME GRAPHICS & FULFILLMENT GROUP, INC.



Principal Place of Business Mailing Address
13930 NW 60TH AVENUE 13930 NW 60TH AVENUE
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 03/13/1997 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 65-0808600 | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing | |
| | | | | Trust Fund Contribution | |
| | | | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| | | | | Yes No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| KLINGHOFFER, TEDDY D 150 WEST FLAGLER STREET 2200 MUSEUM TOWER MIAMI FL 33130 | | | | 81 Name MARVIN P. DAVIDSON | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 13930 N.W. 60 AVE. | | | |
| | | | | 83 | | | |
| | | | | 84 City MIAMI LAKES FL 85 Zip Code 33014 | | | |

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 *Marvin P. Davidson* MARVIN P. DAVIDSON 1.6.98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | | | | | |
|----------------------------|----------------------|--------|--|---|-----------------------|--------|----------|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | DELETE | | 1.1 TITLE | D C P S | Change | Addition |
| NAME | LEVY, SIDNEY | | | 1.2 NAME | | | |
| STREET ADDRESS | 13930 NW 60TH AVENUE | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | DELETE | | 2.1 TITLE | | Change | Addition |
| NAME | LENIS, WILLIAM | | | 2.2 NAME | | | |
| STREET ADDRESS | 15240 NW 60TH AVENUE | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | | 3.1 TITLE | T | Change | Addition |
| NAME | | | | 3.2 NAME | MARVIN P. DAVIDSON | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | 13930 N.W. 60 AVE. | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | MIAMI LAKES, FL 33014 | | |
| TITLE | | DELETE | | 4.1 TITLE | | Change | Addition |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | | 5.1 TITLE | | Change | Addition |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | | 6.1 TITLE | | Change | Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I 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 *Marvin P. Davidson* 1.6.98 (305) 552-4781

CR2E034 (10/97)