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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027552 (3)

FILED Mar 12 1998 8:00am Secretary of State

CONWAY GRAPHICS, INC. Principal Place of Business Mailing Address 4907 N. FLORIDA AVE. 4907 N. FLORIDA AVE. **TAMPA FL 33603** TAMPA FL 33603 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3455787 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ECK. PHILLIP D 200 S. ORANGE AVE. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 City 85 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 (NOT). Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE P D Addition Change TITLE 11TOF Thomas Conway NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 4907 N. Florida Avenue CITY-ST-ZIP 1.4 City-ST-ZIP Tampa, FL 33603 DELETE X Addition Change 2.1 TITLE TITLE SD 2.2 NAME NAME Patricia Brannon STREET ADDRESS 2.3 STREET ADDRESS 6818 River Blvd. CITY-ST-ZIP 2 4 CHY-ST-ZIP Tampa FL Change DELETE 31 TITLE Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change ■ Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF

14. Thereby 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 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 of the corpora

SIGNATURE:

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