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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033753 (9)

BLACK DOG GRAFIX, INC.

## FILED Apr 13 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		- 1	i idaideai ilia idiji sa			) )(1)( 1 <b>849) (</b> 1)	IAR DUI SANT	
1511 SHIRLEY		1511 SHIRLEY COURT		l						
LAKE WORTH F	PL 33461	LAKE WORTH FL 33461		ļ	DC	O NOT WRITE	E IN THIS SI	PACE		
				3.	Date Incorporated	or Qualified				
				}	04/14/1997					
2. Principal Plac		20. Mailing Address	,		FEI Number			A	plied For	
21 / 409	Lake Exic 1	R 26 1409 LAK	e ERIC.	le.	65-07	4556	<u> </u>		t Applicable	
Suite, Apt. #,	, etc.	Suite, Apt #, etc.		5.	Certificate of Statu	s Desired			Additional	
22 City & State		City & State							equired	
37/4/-	Warth Flocido	28 LAKE WOR	u F		Election Campaigr Trust Fund Contrib	_	П		May Be to Fees	
Zip	Country	Zip	Country	9	This corporation of					
24 3.74	61 25 USA	9 9	30 45		Personal Property				No	
	9. Name and Address of Curr	ent Registered Agent			Name and Address			gent		
HAM	IILTON, JOAN		81 Nan	ne						
1121 NE 1 AVE				82 Street Address (P.O. Box Number is Not Acceptable)						
FT L	AUDERDALE FL 33304									
			83	<del></del> -						
			84 City		<del></del>			<b>85</b> Zip	Code	
							FL	-	0000	
dd Disensed to	the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the above-nam	ed corporation	submits this state	ment for the	purpose of	changing i	ts registered	
11, Pursuant to	distand about or both, in the Cta	ito of Elovida. Such change was a							registered	
office or reg agent. I am	gistered agent, or both, in the Sta familiar with, and accept the obli	ite of Florida. Such change was a ligations of, Section 607.0505, Flo	iuthorized by the c orida Statutes.	orporation s o		nereby acce			_	
office or reg agent. I am SIGNATURE			authorized by the c orida Statutes.	orporation s b		nereby acce	,		-	
office or reg agent. I am SIGNATURE	lignature, typed or printed name of registered a	agent and little # applicable (NOTE	E Regislered Agent ≰g∩a	ture required when	reinstating)		DATE	· · ·		
office or reg agent. I am SIGNATURE Si	ignature, typed or profiled name of registered a OFFICERS A	agent and little # applicable (NOTE ND DIRECTORS	Registered Agent signa	ture required when			DATE CERS AND	DIRECTO	RS IN 12	
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Block 12 or Block 13 i changed, or on an attachment with an address.

4/15/98 547-2535