

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000048733**

GLYPHICS, INC.

Place of Business
47 E ROBINSON ST
#205
ORLANDO FL 32801
US

Mailing Address
47 E ROBINSON ST
#205
ORLANDO FL 32801
US

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90007 049 ***550.00



DO NOT WRITE IN THIS SPACE

Place of Business South Orange Ave.	2a. Mailing Address 116 South Orange Ave.	3. Date Incorporated or Qualified 06/02/1997	4. FEI Number 59-3449878	Applied For Not Applicable
pt. #, etc.	Suite, Apt. #, etc. B	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
State Orlando, FL	City & State Orlando, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 32801	Country USA	7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent LEWIS, JAMES B 47 E ROBINSON ST #205 ORLANDO FL 32801	10. Name and Address of New Registered Agent 81 Name James B. Lewis 82 Street Address (P.O. Box Number is Not Acceptable) 5043 Andrea Blvd. 83 84 City Orlando FL 85 Zip Code 32807
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I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable. **JAMES B. LEWIS - PRESIDENT** DATE **8/19/99**

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE D LEWIS, JAMES B 47 E ROBINSON ST #205 ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE P 1.2 NAME Lewis, James B 1.3 STREET ADDRESS 116 B South Orange Ave. 1.4 CITY-ST-ZIP Orlando, FL 32801
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.1 TITLE V 2.2 NAME Monley, John J 2.3 STREET ADDRESS 116 B South Orange Ave. 2.4 CITY-ST-ZIP Orlando, FL 32801
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

I 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 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 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: **JAMES B. LEWIS** 8/19/99 407.481.2860

CR2E034 (5/99)