

FILED

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000055125

1. Corporation Name
TOP GRAFIX INC.

Principal Place of Business 375 FENTRESS BLVD. DAYTONA BEACH FL 32114	Mailing Address 375 FENTRESS BLVD. DAYTONA BEACH FL 32114
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/23/1997		4. FEI Number 59-3460184		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CRAUSARE, PAMELA J 375 FENTRESS BLVD. DAYTONA BEACH FL 32114					10. Name and Address of New Registered Agent 81 Name PAUL W. WARD 82 Street Address (P.O. Box Number is Not Acceptable) 83 375 FENTRESS BLVD 84 City DAYTONA BEACH FL 85 Zip Code 32114				

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

4-17-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIR
NAME	CRAUSARE, PAMELA J	1.2 NAME	H.C. WINCHESTER, JR
STREET ADDRESS	824 LAKE LAND DRIVE	1.3 STREET ADDRESS	375 FENTRESS BLVD
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE		2.1 TITLE	SEC/TREAS/PRES
NAME		2.2 NAME	PAUL W WARD
STREET ADDRESS		2.3 STREET ADDRESS	375 FENTRESS BLVD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(l), 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, with all other like empowered.

SIGNATURE:

3-29-99

904-255-1941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)