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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000057454 (5)

PINTSIZE GRAPHICS, INC.

Principal Place of Business

Mailing Address

FILED May 22 1998 8:00am Secretary of State



550 NORTH RED STREET #300 TAMPA FL 33609		550 NORTH RED STREET #300 TAMPA FL 33609		DO NOT WRITE IN THI	S SPACE			
					3. Date Incorporated or Qualified 06/30/1997			
21 3304 -	Place of Business A West GrandaSt.	26. Mailing Address 26. 3225 S. MacDill Avenue			4. FEI Number	<u> </u>	pplied For ot Applicable	
	it d	Suite, Apt #, etc. 27 # 208			5. Certificate of Status Desired	SR 75 Additional		
	ipa, FL	City & State 28 Tampa, FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24 336 29			Country		This corporation owes or has paid the of Personal Property Tax due June 30.	Yes	itangible X No	
	9, Name and Address of Curren	t Registered Agent	81	NI	10. Name and Address of New Registere	d Agent		
	ierman, shelley f 04-a west granada street		["	Name				
	MPA FL 33829		82	Street	Address (P.O. Box Number is Not Acceptable)			
IM	MEN EL 33018		83					
			63					
			84	City	F	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	the above	-named	corneration submits this statement for the nurnese	of changing i	ts registered	
Office of I	registered agent, or both, in the State im familia, with, and necept the obliga	of Florida. Such change was aut	thorized by	the corr	poration's board of directors. I hereby accept the ap	pointment as	registered	
SIGNATURE	Signature, typed of the death of the desired agent				required when reinstating) DATE	-20-98	: 	
12.	OFFICERS AND		13.	in alguature	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DIRECTOR OF CREATIVE	C ACCIGN DELETE	1.1 TITLE		DIRECTOR OF MARKETING	Change	Addition	
NAME	SHELLEY SHERMAN	7 	1.2 NAME		MEREPITH TUPER		* 1	
STREET ADDRESS	SHELLEY SHERMAN 3304-A GRANADA TAMPA, FL 33629	T	1.3 STREET .	ADDRESS				
CITY-ST-ZIP	PAMPA, FL 33629		1.4 CITY - ST	r- 21P	BBOT A GRANAPA CT TAMPA, PL 33629			
TITLE		DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME		, ·			
STREET ADDRESS			2.3 STREET	RESERDO				
CITY-ST-ZIP	 		2. 4 CITY-S	T - ZIP				
TITLE		L_J DELETE	3.1 DILE				Addition	
NAME			3.2 NAME					
STREET ADORESS			3.3 STREET					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - S	T - ZIP		Change	T taken	
NAME		בין טכננונ	4.1 TITLE			L Change	Addition	
STREET ADDRESS			4. 2 NAME 4.3 STREET	4000000				
CITY-ST-ZIP			4.4 CITY-ST					
TITLE		☐ DELETE	5.1 TITLE	- 711		☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET A	ADDRESS				
CITY-ST-ZIP			5.4 CITY- ST					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME	İ		_		
STREET ADDRESS			6.3 STREET A	ADDRESS				
CITY-ST-ZIP			64 CITY-ST					
Indicated officer or	on this a nnual report or supplemental	annual report is true and accurativer or trustee empowered to exe	ate and tha	t my sior	d in Section 119.07(3)(i), Florida Statutes. I further of nature shall have the same legal effect as if made to required by Chapter 607, Florida Statutes; and that	inder oath: the	at Lam an	