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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 20 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000086474** (8)

DEMAR GRAPHICS ENTERPRISES INC.

Principal Place of Business Mailing Address 2203 BECK AVENUE 2203 BECK AVENUE # D8 DO NOT WRITE IN THIS SPACE PANAMA CITY FL 32405 PANAMA CITY FL 32405 3. Date Incorporated or Qualified 10/06/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2203 Beck Ave. #D8 Same 26 Not Applicable 59-3474553 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Panama City FL 32405 28 23 Country Zιρ 8. This corporation owes or has paid the current year intangible ☐ Yes Personal Property Tax due June 30. 24 25 11SA 29 9. Name and Address of Current Registered Agent 32405 10. Name and Address of New Registered Agent 81 Name RIVADEMAR, JACK 2203 BECK AVENUE Street Address (P.O. Box Number is Not Acceptable) #D8 83 PANAMA CITY FL 32405 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the provision eman SIGNATURE of registrated agent and title if applicable (NOTE: Registered Agent signature requ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE ☐ Change 1.1 TITLE TITLE President NAME Jack Rivademar 1.2 NAME 2203 Beck Ave. #D8 1.3 STREET ADDRESS STREET ADDRESS Panama City, FL 32405 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change Vice President, Sec.-Treasurer DELETE 21 TITLE TITLE 2.2 NAME Grace Rivademar 2.3 STREET ADDRESS STREET ADDRESS 2203 Beck Avenue #D8 2. 4 CITY - ST - ZIP CITY-ST-ZIP Panama City, FL 32405 Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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 of 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 of Justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in