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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000093606 (6) DOCUMENT #
1. Corporation Name

MASTER GRAPHIX INDUSTRIES, INC.

FILED Apr 24 1998 8:00am Secretary of State



					<u> </u>		
Principal Place of Business Mailing Address							
3427 ARMSTRONG STREET 3427 ARMSTRONG STREET JACKSONVILLE FL 32218 JACKSONVILLE FL 32218							
JACKSONVILLE FL 32218 JACKSONVILLE FL 32218					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					10/30/1997		1
2. Principal P	lace of Business	2a. Mailing Address	~		4. FEI Number	- Ap	plied For
27 2913	sour Hose.	26 2913 DUNG	r H	، عر	59-3480628	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
27					3. Cermicate of Status Desired	Fee Re	quired
City & State					6. Election Campaign Financing	\$5.00	May Be
	sonville, 47	28 Jack Sonville		<u>. </u>	Trust Fund Contribution	Added t	
Zip (Country	Zip	Country		8. This corporation owes or has paid the c		
24 323		29 33318 30	1143	<u> </u>	Personal Property Tax due June 30.		J No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
DAG OND, MICHAEL							
24 N. MARKET STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 404 JACKSONVILLE FL 32202							
JA.	CROCIAVILLE PL 32202		83				
			84	City	F	85 Zip (Code
44 Dura ant	to the provisions of Continue COT 0502	and CO7 1509 Florida Chatutan	the above			_	a rapiatasa d
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	Signature, typod or printed name of registered agent	and tills it analyzible (NOTE: Pe	arland Ara	et signature requir	red when reinstating) DATE		
12.	OFFICERS AND		13.	it signatore requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	IS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	HOLMAN, DEBORAH		1.2 NAME				
STREET ADDRESS	3427 ARMSTRONG STREET		1.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32218		1.4 CITY - S	T • 2 1P			
TITLE			2.1 TITLE			Change	Addition
NAME	HOLMAN, RODNEY		2.2 NAME				
STREET ADDRESS	3427 ARMSTRONG STREET		2.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32218		2.4 CITY-5	ST - ŽIP			
TITLE	T D	DELETE	3.1 TITLE			Change	Addition
NAME	WILLIAMS, DAVID L		3.2 NAME				}
STREET ADDRESS	5211 CRUZ ROAD		3.3 STREET	ADDRESS			j
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4. CITY - S	iT-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME]			
STREET ADDRESS			4.3 STREET	ADDRESS]
CITY+ST-ZIP			4.4 CITY - S	T-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				}
STREET ADDRESS			6.3 STREET	ADDRESS			}
CITY-ST-ZIP		<u> </u>	6.4 CITY-S	T-ZIP		_	1
14. I hereby o	ertify that the information supplied with	this filing does not qualify for th	e exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the	information

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.

(NERRORU M Unima

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