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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9700093606

1. Corporation Name

MASTER GRAPHIX INDUSTRIES, INC.

Principal Plac	e of Business	Mailing Address			
2010 201111 1112		2913 DUNN AVE JACKSONVILLE FL 32218		DO NOT WRITE IN THI	S SPACE
		08		3. Date in corporated or Qualifed	
				10/30/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
217988	Plymoree Popel	26 1988 Plum	nee Roga	59-3480628	Not Applicable
Suite, Art.	, , <u>O, , , , , , , , , , , , , , , , , </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Acditional Fee Required
City & Stat	Sorville . P.	Gity & State	e. El	6. Electior Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
Z4 [32.2	LI9 25 11.S	29 32219 30	üS	Personal Property Tax.	☐Yes []No
2-1 00 19	9. Name and Address of Current			10. Name and Address of New Registere	I Agent
			81 Name		
BASFORD, MICHAEL		82 Street Ad	d Iress (P.O. Box Number is Not Acceptable)		
24 N. MARKET STREET		02 03.001			
	TE 404		83		
JAC	KSONVILLE FL 32202		84 City		85 Zip Ccde
				F	
		1.500 51 1.00	41 1	a section as healt, this statement for the purpose	of changing its registered
office o : r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation.	n Florida. Such change was auth	orized by the corpora	o poration submit; this statement for the purpose a ion's board of directors. I hereby accept the app	of changing its registered ointment as registered
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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)(i), 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.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90151 042 \*\*\*150.00

☐ Addition

Change