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

FILED May 04 1998 8:00am Secretary of State

1. Corporation	on Name	# P9700 OGRAPHICS, INC		517 (4	·)		
Principal Plac	ce of Busine:	SS	Mailin	g Address			1001/100f 110 1011/ 1001/ 001/ 801/ 001/ 001/ 001
1671 BERKS	SHIRE AVE.		P. O	P. O. BOX 2361			
WINTER PARK FL 32789				ORLANDO FL 32802			
							DO NOT WRITE IN THIS SPACE
						•	3. Date incorporated or Qualified
2. Principal F	Place of Busi	ness	2a. Ma	2a. Mailing Address			11/03/1997 4. FEI Number A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
21				26			4. FEI Number 59-3492257 Applied For Not Applied For
Suite, Apt. #, etc.			·	Suite, Apt. #, etc.			SR 75 Additional
22			27	27			5. Certificate of Status Desired Fee Required
City & Sta	te		Cit	City & State			6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
	Zip Country			Ζιρ Cου 9 30		/	8. This corporation owes or has paid the current year Intangible
9, Name and Address of Curr			nt Pogistored Agent			Personal Property Tax due June 30. Yes No	
			one mogration	u Agent	81	Name	10. Name and Address of New Registered Agent
		CLAY ESQ.	000		82		
200 E . Robinson St., Suite 102 Orland o Fl 32802			UZU	υ		Street Ad	Idress (P.O. Box Number is Not Acceptable)
						City	FL 85 Zip Code
office or agent. I a	ım temililər w	an, and accept the onl	igations of, Se	ction 607.0505, F	ites, the abov authorized b lorida Statute	e-named co y the corpor s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
* **	Signature, lyped	For printed name of registered a				ent signature roq	gured when reinstating) DATE
12.	OFFICERS AND D		ND DIRECTOR	RS DELETE	T3. DELETE 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	NAME DUGGER, BILLIE R			1.2 NAME			L] Change L] Addilion
STREET ADDRESS		ERKSHIRE AVE.				ADDRESS	
CITY-ST-ZIP		R PARK FL 32789				ST-ZIP	
TITLE				DELET E	2.1 TITLE	// 211	Change Addition
NAME	AE .			2.2 NA			
STREET ADDRESS					2.3 STREET	ADDRESS	
CITY-ST-ZIP				···		ST-ZIP	
TITLE				DELETE	3.1 TITLE		Change Addition
NAME			3.2 N/				
STREET ADDRESS				3 3 STREET ADDRESS		ADDRESS	
CHY-ST-ZIP				34. City-St-ZiP		ST-ZIP	
TITLE				DELETE	4.1 THTLE		☐ Change ☐ Addition
NAME	!				4. 2 NAME		
STREET ADDRESS						ADDRESS .	
CITY-ST-ZIP TITLE				DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME					5.2 NAME		Committee
STREET ADDRESS					5.3 STREET	ADDRESS	
CITY-ST-ZIP					5.4 CITY - S		
TITLE				DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME					6.2 NAME		
STREET ADDRESS					6.3 STREET	ADDRESS	
CITY-ST-ZIP					6.4 CITY - S	7-ZIP	
14. I hereby o	ertify that th	e information supplied	with this filing	does not quality f	or the exemp	tion stated in	n 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.