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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90012 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000017691

1. Corporation Name
GRAPHX ENGINEERING, INC.



Principal Place of Business
**100-RIALTO PLACE
 SUITE 527
 MELBOURNE FL 32901**

Mailing Address
**100-RIALTO PLACE
 SUITE 527
 MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified
02/19/1998

4. FEI Number
59-3494607

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. **owed** Yes No

9. Name and Address of Current Registered Agent
**WALLACE, SCOTT G
 250 NORTH ORANGE AVENUE
 ELEVENTH FLOOR
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WALTER, JOHN T
STREET ADDRESS	100-RIALTO PLACE #700
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WALTER, JOHN J
STREET ADDRESS	100-RIALTO PLACE #700
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WALTER, CATHERINE B
STREET ADDRESS	100-RIALTO PLACE #700
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR / PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100 RIALTO PLACE, SUITE 527
1.4 CITY-ST-ZIP	
2.1 TITLE	DIRECTOR / VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	100 RIALTO PLACE, SUITE 527
2.4 CITY-ST-ZIP	
3.1 TITLE	DIRECTOR / TREASURER / SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100 RIALTO PLACE, SUITE 711
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 (changed, or on an attachment with an address, with all other like empowered).

SIGNATURE: **John T. Walter** **JOHN T. WALTER** **WALTER** **4/19/99** **(407) 733-7667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)