


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

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000026193			
1. Corporation Name SUPER GRAPHIC SPECIALTIES, INC.			
Principal Place of Business 1399 SE 9TH AVENUE HIALEAH FL 33010		Mailing Address 1399 SE 9TH AVENUE HIALEAH FL 33010	
2. Principal Place of Business 21 9435 FONTAINEBLEAU BLVD Suite, Apt. #, etc. 22 107		2a. Mailing Address 27 SAME Suite, Apt. #, etc. 28	
City & State 23 Miami		City & State 28	
Zip 24 33172		Country 25 US	
Country 29		Country 30	
9. Name and Address of Current Registered Agent LEWIS, HARRIET 888 SE 3RD AVENUE SUITE 500 FT. LAUDERDALE FL 33335			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
D SHEPPARD, LIVINGSTON 1399 SE 9TH AVENUE HIALEAH FL 33010		SHEPPARD, LIVINGSTON 2905 WASHINGTON ST MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
D STETZEL, SHARON R 1399 SE 9TH AVENUE #1 HIALEAH FL 33010		STETZEL, SHARON R 9435 FONTAINEBLEAU BLVD #107 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)