06081999-90001-010-$150.00-$150.00

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90001 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P98000040831

1. Corporation Name: SPIRITUAL GRAPHICS, INC.

578967 - 90003 - 26

Principal Place of Business	Mailing Address
9499 N.E. 2nd AVENUE SUITE 204 MIAMI SHORES, FL 33138	9151 SW. 138 PLACE MIAMI, FL. 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9499 NE 2nd AVE.	2a. Mailing Address 26 9151 SW. 138 PL.	3. Date Incorporated or Qualifed	
Suite, Apt. #, etc. 22 SUITE 204	Suite, Apt. #, etc. 27	4. FEI Number 65-0835518	☐ Applied For ☐ Not Applicable
City & State 23 MIAMI SHORES, FL.	City & State 28 MIAMI, FL.	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 33138 25 U.S.A	Zip / Country 29 33186 30 U.S.A.	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.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLEMAN M. CHANDLER 9151 SW. 138 PLACE MIAMI, FL. 33186	81 Name: COLEMAN M. CHANDLER 82 Street Address (P.O. Box Number is Not Acceptable): 9151 SW. 138 PLACE 83 84 City: MIAMI FL 85 Zip Code: 33186

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: COLEMAN CHANDLER 5-1-99
Signature, board of directors, 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	☐ DELETE PRESIDENT COLEMAN M. CHANDLER 9151 SW. 138 PLACE MIAMI, FL. 33186	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: COLEMAN CHANDLER 5/1/99 305-754-5775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)