FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUM 1. Corporation N		15 (8)			
	S GRAPHIC SPECIALTIE	S, INC.		I NORMANO MIR MODEL DININ DOLDEN DILAN DARA DARA DI	<u> </u>
Principal Place of Business		Mailing Address	11.44%		
12375-19 S. CLEVELAND FT. MYERS FL 33907		12375-19 S. CLEVELAND FT. MYERS FL 33907			
				3. Date Incorporated or Qualified 3a. D	Oate of Last Report 01/17/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0246030	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Gertificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible Florida Statutes X Yes \(\simeg\) No	
24	25 9. Name and Address of Curre	29 ent Registered Agent	30	10. Name and Address of New Register	
	<u> </u>	<u></u>	81 Name		
HOSE, JOHN F.			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
	19 S CLEVELAND AV				
FT. MY	ERS FL 33907		83		
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the above named corpo	oration submits this statement for the purpose of ard of directors. Thereby accept the appointmen	
or registere familiar with	ed agent, or both, in the State of Fig n, and accept the obligations M, Sc	orida. Such change was autho oction 607.0505, Florida Statul	rized by the corporation's bo es.	ard of directors. Thereby accept the appointmen	r as registered agent it air:
SIGNATURE.	CMJ NOT	<u> </u>		5/1/9	6
40	. 3	estabilitier appeal e AND DIRECTORS	thOTE - Registered Agest sugsitive region 1.3.	ADDITIONS OHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	P\$	DELETE	1 1 Till.F		Change Addition
NAME	HOSE, JOHN F.		1.2 NAME		
STREET ADDRESS	6817 FAIRVIEW STREET		1.3 STREET ADDRESS		
01TY - ST - Z :P	FT. MYERS FL		1 4 CITY - S1 - ZIP		Change Addition
TITLE	WEAVER, DENNIS E.	OELETE	2 1 TUTLE		Shange Addition
NAME	5340 HARBORAGE DR.		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	FT. MYERS FL		2 4 CITY ST-ZIP		
TITLE .	\$	DELETE	3 1 TITLE		Change Addition
NAME C	DUKE, REBECCA A	~\	3 2 NAME		
STREET ADDRESS	6537 WILLOW LAKE CIR	CLE	3.3 STREET ADDRESS		
CITY - ST - ZIP	FT. MYERS FL		3.4 CH y - S' - ZiF		Change Addition
TITLE		☐ DELETE	4 11/106		change Addition
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADORESS			4.4 CHY - ST - ZIF		
CITY - ST - ZIP TITLE		DELETE	5 1 TiTLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			5 4 CHTY - ST - ZIP	3/	
TITLE		☐ DELETE	6 1 THEF		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP	by cortify that the information supplies	ed with this fline is voluntarily	64 CITY ST-ZIP furnished and does not qualif	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furtner

I do nereby certify that the information supplied with this hing is voluntarily furnished and does not quality for the exemption stated in Section 11507(3)(6), Florida Statutes, furnities 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

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)