

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 AUG -8 AM 10:17

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # S20829 (5)
 1. Corporation Name
SIGMA GRAPHIC INDUSTRIES, INC.

Principal Place of Business Mailing Address
~~6802 NW 20TH AVE~~ ~~6802 NW 20TH AVE~~
 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309
 US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/06/1990 3a. Date of Last Report 08/02/1994
 4. FEI Number 65-0237074 Applied For Not Applicable
 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 has liability for intangible tax under s. 192.002, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
 21 6804 NW 20th AVE 26 6804 NW 20th AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Zip Country Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANART, GARY
~~6802 NW 20TH AVE~~
 FT LAUDERDALE FL 33309

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) 6802 NW 20th AVE
 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 *Gary J. Ranart*
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

8/1/95
 DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	RANART, GARY
STREET ADDRESS	6802 NW 20TH AVE
CITY - ST - ZIP	FT LAUDERDALE FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	6804 NW 20th AVE
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Gary J. Ranart* GARY L. RANART 8/1/95 305/971-1150
 Signature typed or printed name of signing officer or director Date Telephone

CR2E094 (3/95)