

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

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S20829 (5)  
1. Corporation Name  
SIGMA GRAPHIC INDUSTRIES, INC.

Principal Place of Business  
6804 NW 20TH AVENUE  
FT LAUDERDALE FL 33309  
US

Mailing Address  
6804 NW 20TH AVENUE  
FT LAUDERDALE FL 33309  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1750 UNIVERSITY DR Suite, Apt. #, etc. 22 #207 City & State 23 CORAL SPRINGS FL Zip 24 33071 Country 25 US		2a. Mailing Address 26 1750 UNIVERSITY DR Suite, Apt. #, etc. 27 #207 City & State 28 CORAL SPRINGS FL Zip 29 33071 Country 30 US		3. Date Incorporated or Qualified 12/06/1990	
				4. FEI Number 65-0237074	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RANART, GARY 6804 NW 20TH AVE FT LAUDERDALE FL 33309				10. Name and Address of New Registered Agent 81 Name GARY RANART 82 Street Address (P.O. Box Number is Not Acceptable) #207 83 1750 UNIVERSITY DR. 84 City CORAL SPRINGS FL 85 Zip Code 33071			
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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 L. Ranart* GARY L. RANART PRESIDENT 4-26-98  
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	PSTD	1.1 TITLE	PSTD
NAME	RANART, GARY	1.2 NAME	GARY RANART
STREET ADDRESS	6804 NW 20TH AVENUE	1.3 STREET ADDRESS	1750 UNIVERSITY DR # 207
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Gary L. Ranart* GARY L. RANART PRES. 4-26-98 (954) 971-1150

CR2E034 (10/97)