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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # **S24249** **(2)**

1. Corporation Name

DCG GRAPHICS GROUP, INC.

Principal Place of Business

3900 N 29 AVE
HOLLYWOOD FL 33020

Mailing Address

3900 N 29 AVE
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: **01/11/1991**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **65-0249115** [ ] 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. The corporation has liability for intangible taxes (s. 199.032, Fla. Stat.) [ ] Yes [ ] No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 24 Country 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 Country 30

9. Name and Address of Current Registered Agent

DEPRIMA, LOUIS
3900 N 29 AVE
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1634, Florida Statutes, the corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The character of business of the corporation is the same as stated in the last report filed with the Department of State. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent Date

12. OFFICERS AND DIRECTORS

TITLE	PVS	[ ] DIR [ ] OFF
NAME	DEPRIMA, LOUIS	
STREET ADDRESS	3900 N 29 AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	[ ] DIR [ ] OFF
NAME	DEPRIMA, LOUIS	
STREET ADDRESS	3900 N 29 AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change [ ] Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	[ ] Change [ ] Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	[ ] Change [ ] Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	[ ] Change [ ] Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	[ ] Change [ ] Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	[ ] Change [ ] Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is accurate and that I am authorized to sign this report pursuant to Section 607.0505(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental information to this report, if any, 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 is added in Block 13 if an addition.

SIGNATURE: 4/19/96 (954) 926-7553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone

CR2E034 (12/95)