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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90025 011 ***150.00

FAIRCHI	ld Graphics internation	NAL,	INC.							
Principal Place	e of Business	Ma	ailing Address				•	- j 1901iniu ien ilain laiti lahni laini eloji	AIAII BIBII DIDI	CERTIFICATION
10926 NO. DAN	IRJIRY WAY	981	58 GLADES RD					· ·		
BOCA RATON FL 33498 STE 222										
US BOCA RATON FL 33434								DO NOT WRITE IN THE	SPACE	
		US	•					3. Date Incorporated or Qualifed		1
								02/06/1991	. 1 1.	
2. Principal Pl	lace of Business	2a.	Mailing Address		•			4. FEI Number		pplied For
21		26						65-0243645		lot Applicable
Suite, Apt.	#, etc.	\Box	Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional Required
22		27						<u> </u>		
City & State			City & State					6. Election Campaign Financing		May Be
23		28						Trust Fund Contribution		to Fees
Zip	Country	\vdash	Zip		Country			8. This corporation owes the current year Ir	itangible ☐ Yes	LYNo
24	25	29		30			,	Personal Property Tax. 10. Name and Address of New Registered		La No
	9. Name and Address of Current	Regis	tered Agent		81	Name		10. Name and Address of New Registered	Agent	
150	LITON DONA				61	Name				
	LEIGHTON, RONA				82	82 Street Address (P.O. Box Number is Not Acceptable)				
10926 NO. DANBURY WAY					<u> </u>	<u> </u>		<u></u>		
· BOC	A RATON FL 33498		\bigcap		83					İ
	•		1 1		84	City			85 Zip	Code
				1	!	*		Fi	_ ' '	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 6 of Florid ions of	07.1508, Florida Statute da. Such change was au , Section 607.0505,\Flor	s, the	ne above rized by Statutes	e-named of the corpo	corpo oration	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing i intment as i	ts registered registered
SIGNATURE			1							
0.010110112	Signature, typed or printed name of registered agent			_		t signature re	equired	when reinstating) DATE		
12.	OFFICERS AN	D DIRE		_	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT Change	
יַ דודעב יַ	P		سب DELETE المثان		1.1.TITLE		-	· · · · · · · · · · · · · · · · · ·	Change	C) Addition
NAME	LEIGHTON, RONA		1			1.2 NAME				
STREET ADDRESS					1.3 STREET ADDRESS			•		\
CITY-ST-ZIP	BOCA RATON FL					1.4 CITY-ST-ZIP				
TITLE	DELETE /			1 :	2.1 TITLE				Change	e
NAME				H	2.2 NAME					{
STREET ADDRESS				1	2.3 STREE1	ADDRESS				Ţ
CITY-ST-ZIP	<u> </u>			1	2. 4 CITY-5	T-ZIP				
TITLE			☐ DELETE	1	3.1 TITLE				Change	Addition
NAME				1:	3.2 NAME					
STREET ADDRESS				:	3.3 STREE	ADDRESS				
CITY-ST-ZIP					3.4. CITY-9	T-ZIP				
TITLE			☐ DELETE	_	4.1 TITLE				Change	Addition
NAME ,					4. 2 NAME					
STREET ADDRESS				J.	4.3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 CITY-S			*		
TITLE			☐ DELETE	_	5.1 TITLE				Change	Addition
NAME					5.2 NAME	ĺ				
] . [5.3 STREET	ADDRESS				
STREET ADDRESS	·				5.4 CITY-S					[
CITY-ST-ZIP	<u> </u>		☐ DELETE	_	6.1 TITLE				Change	Addition
TITLE		•	_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-1	62 NAME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS