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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$44267

(0)

DMC GRAPHICS, INC.

Principal Place of Business

430 N. FEDERAL HIGHWAY

Mailing Address

430 N. FEDERAL HIGHWAY

FILED May 13 1997 8:00am Secretary of State



FT. LAUDERDALE FL 33301-1122					FT. LAUDERDALE FL 33301-1122													
,			,						3	3. Date incorporated or Qualified 04/10/1991			3a. Date of Last Report 06/20/1996					
2. Principal Place of Business				28	2a. Mailing Address					4	FEI Numbe						ied For	
21	Sulte, Apt. #, etc.			26	от франция в станува на принципанти и принципанти и принципанти и принципанти принципанти и выправления в принц						65-025	4554					Applicable	2.
22				27	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Re									
23	City & State	itate			City & State						Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees			•	
24	Zip	Country 25			Zip Co			ountry			8. This corporation has liability for intar				angible tax under s. 199.032, Yes 🔲 No			
			and Address o		<u> </u>	l	100]			10). Name and							-
	DOL	PH, RYAN	Н				8	1	Name									
4201 NE 26TH AVE								82 Street Addr			(P.O. Box Nu	mber is No	t Acceptab	le)				\dashv
	FT L	AUDERDA	LE FL 33308					3										_
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							8	4	City					FL	85 Z	ip Cc	de	
!		to the provis egistered ag m familiar wi	lons of Sections lent, or both, in t th, and accept t	607.0502 and line State of Flor the obligations of	607.1508, Flo ride Such cha of, Section 60	rida Statul ange was a 7.0505, Flo	es, the abo authorized orida Statu	by by	-named (the corp	orporati oration's	ion submits the board of dire	nis stateme ectors. I he	ent for the p reby accep	urpose of it the app	changin pintment	g its as re	registered gistered	
		Signature, typod	or printed name of req			(NO1)	F: Hegiste≀ed /	\gen	al signature	equired wh				DATE				╛.
12		107	OFFIC	ers and dire		DECEME	13.				ADDITIONS,	CHANGE:	TO OFFIC	ERS AND	• •			_ {\bar{b}}
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i	REET ADDRESS								ADDRESS									
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NA							6.2 NAN								•			
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CITY-ST-ZIP				_	_		6.4 CITY											
- 4												- (a) (ii) = :						~-4

I do hereby certify that the information supplinformation indicated on this annual report of am an officer or director of the officion appears in Block 12 or Block 13/11 changed s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the I report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name