


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

FILED

Apr 08 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # S44309 (0) | | | |
| 1. Corporation Name GRAPHIC MARKETING AND PRINTING ASSOCIATES, INC. | | | |
| Principal Place of Business 159 S. CYPRESS RD. POMPANO BEACH FL 33060 | | Mailing Address 159 S. CYPRESS RD. POMPANO BEACH FL 33080-7014 | |
| 2. Principal Place of Business 21 2700 W. ATLANTIC BLVD. Suite, Apt. #, etc. | | 2a. Mailing Address 26 2700 W. ATLANTIC BLVD. Suite, Apt. #, etc. | |
| 22 5TH 102 City & State | | 27 5TH 102 City & State | |
| 23 POMPANO BEACH, FL. Zip Country | | 28 POMPANO BEACH, FL. Zip Country | |
| 24 33069 25 U.S.A. | | 29 33069 30 U.S.A. | |
| 9. Name and Address of Current Registered Agent MAJEWSKI, LEROY 6511 NE 21ST LN FT LAUDERDALE FL 33301 | | | |
| 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS 11 TITLE D <input type="checkbox"/> DELETE 12 NAME MAJEWSKI, LEROY 13 STREET ADDRESS 6511 NE 21ST LN 14 CITY-ST-ZIP FT LAUDERDALE FL | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP | | | |
| 14. I do 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: LEROY MAJEWSKI President 4-8-97 954-974-0037 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone | | | |



CR2E034 (9/96)