## 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 # S59780

(4)

ROTARY GRAPHICS AND SUPPLIES, INC.

**FILED** May 13 1997 8:00am Secretary of State

Principal Place of Business Mailing Address								
		210 N GOLDEN ROD RD						
210 N GOLDEN ROD RD 4 ORLANDO FL 32807 US		ORLANDO FL 32807-8222 US						
						3. Date Incorporated or Qualified 3a. Date of Last Report 06/03/1991 03/08/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	J VVI VVI 1V	Applied For
21		26				59-3178639 Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	75 Additional e Required
City & Stat 23	te	City & State	H-3 '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip			Country		8. This corporation has liability for i		
24	25	29	30	<b></b>			Yes No	
	9. Name and Address of Curi	rent Registered Agent	<b></b> .		- <del> </del>	10. Name and Address of New Re	gistered Agent	
	HOLSON, JOE E			81	Name			
	CHASTWORTH LANE		!		Street Ad	ress (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32812			83				
						** ***********************************		
31 <b>3</b> (45)	1,5	0		84	City		FL  85	Zip Code
	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	502 and 607,1508, Florida Statu ate of Florida, Such change was lightions of the State of the St	ites, the a authorize Iorida Sta	bove d by tutes	enamed co the corpor 3.	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of chang the appointment	ing its registered nt as registered
SIGNATURE	Signature, by you or printed name of registered	agent and title if applicable (NC	11f : Registe e	d Ago	ent signature rec	quired when reinstating)	DATE	3////
12.	<del></del>	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	S DELETE			1.1 TITLE			Cha	inge Addition
NAME	NICHOLSON, JOE A		1.2 N					
STREET ADDRESS	1419 E. WASHINGTON ST. ORLANDO FL				ADDRESS			
CITY-ST-ZIP TITLE	P DELETE			1.4 CITY - ST - ZIP 2.1 TITLE			Cha	ange Addition
NAME	NICHOLSON, JOE E.			2.2 NAME				
STREET ADDRESS	3340 CHASTWORTH LANE			2 3 STHEET ADDRESS				
CITY-ST-ZIP	ORLANDO FL			2 4 CHY-S1-ZIP				
TITLE	DELETE			ITLE				inge Addition
NAME			3.2 N	AME	-			
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP		T Devere			ST-7IP			Add90
TITLE		DELFTE	4.1 1				L Cha	inge L. Addition
NAME STORET ADDOCCO			4.21		ADODESS			
STREET ADDRESS CITY-ST-ZIP	. S- 1				ADDRESS			
TITLE		DELETE	9.4 U		57-ZIP		Cha	ange Addition
NAME			5.2 N					<u> </u>
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	l				II-ZIP			
TITLE		DELETE	611				Cha	inge Addition
NAME			62 N	AME				
STREET ADDRESS			635	18661	ADDRESS			
CITY-ST-ZIP					I - ZIP	ed in Section 119.07(3)(i). Florida Statute:		

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 1