

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S66676 (5)
1. Corporation Name
TAURUS GRAPHICS, INC.



Principal Place of Business
119 NW 93RD TERRACE
CORAL SPRINGS FL 33071

Mailing Address
119 NW 93RD TERRACE
CORAL SPRINGS FL 33071-7309

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

9. Name and Address of Current Registered Agent

CAVANAGH, THOMAS B.
119 NW 93RD TERRACE
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified
07/12/1991

3a. Date of Last Report
02/06/1996

4. FLI Number

65-0282823

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

ELIZABETH CAVANAGH

82

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

119 NW 93RD TERRACE

83

84

City
CORAL SPRINGS

FL

85 Zip Code
33071

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

Elizabeth Cavanagh

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4-9-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME CAVANAGH, THOMAS
STREET ADDRESS 119 NW 93RD TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

☒ DELETE

TITLE D
NAME CAVANAGH, THOMAS J
STREET ADDRESS 10947 LANESBORO COURT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME CAVANAGH, MARK
STREET ADDRESS 314 SHELDON DRIVE
CITY-ST-ZIP NEWARK DE

☐ DELETE

TITLE D
NAME CAVANAGH, ANDREW
STREET ADDRESS 119 NW 93RD TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME ELIZABETH CAVANAGH
1.3 STREET ADDRESS 119 N.W. 93RD TERRACE
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1412 DALMATIAN PLACE APT #301
3.4 CITY-ST-ZIP BELCAMP, MD. 21017

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Elizabeth Cavanagh

CR2E034 (9/96)