

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moynihan
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S78274** (5)
VIDEO GRAPHICS, INC.

1691A FORUM PLACE
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification 09/04/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0275208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under 5-109.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Place of Incorporation FL	22. Date of Report 05/01/94	23. City & State WEST PALM BEACH FL	24. State FL	25. County PALM BEACH	26. Mailing Address 1691A FORUM PLACE	27. Suite, Apt. #, etc. 	28. City & State WEST PALM BEACH FL	29. ZIP 33401	30. Country USA
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHUMANN, JULIA ANN 3000 N. OCEAN DRIVE SUITE 30-B SINGER ISLAND FL 33404				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0547 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME PVS SCHUMANN, JULIA ANN	1. NAME SCHUMANN, JULIA ANN	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 3000 N. OCEAN DR #30B	2. STREET ADDRESS 3000 N. OCEAN DR #30B	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY, STATE, ZIP SINGER ISLAND FL 33404	3. CITY, STATE, ZIP SINGER ISLAND FL 33404	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	4. NAME	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	5. STREET ADDRESS	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY, STATE, ZIP	6. CITY, STATE, ZIP	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7. NAME	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	8. STREET ADDRESS	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY, STATE, ZIP	9. CITY, STATE, ZIP	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and is true and correct, 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 person authorized empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature is in compliance with the provisions of Chapter 607, Florida Statutes, and that my signature is in compliance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE: *Julia Ann Schumann*, **Julia Ann Schumann**, 4/29/95 (407) 450 1803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR