

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90009 006 \*\*\*150.00

DOCUMENT # **V05402**

1. Corporation Name  
**SUPER GRAFIX, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**11900 BISPAYNE BLVD.  
SUITE 620  
MIAMI FL 33181  
US**

Mailing Address  
**11900 BISPAYNE BLVD.  
SUITE 620  
MIAMI FL 33181  
US**

3. Date Incorporated or Qualified  
**01/09/1992**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

4. FEI Number  
**65-0306030**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

City & State  
**23**

City & State  
**28**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

8. This corporation owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRAMSON, NEAL  
11900 BISCAYNE BLVD  
SUITE 620  
NORTH MIAMI FL 33181**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AUERBACH, ZEVIN</b>		1.2 NAME	
STREET ADDRESS <b>18181 NE 31 CT PH9</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>VENTURA FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ABRAMSON, NEAL</b>		2.2 NAME	
STREET ADDRESS <b>5310 NORTH 37 STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Richard Harris* **7/28/99** **13058992030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

599144-90009-6  
VOS 402

Super Grafix, Inc  
11900 Biscayne Blvd. Suite 620  
Miami, Fl. 33181

July 13, 1999

Florida Department of State  
Division of Corporations  
Annual Report Filings  
P. O. Box 1500  
Tallahassee, Fl. 32302-1500

Re: Super Grafix, Inc. EI 65-0306030

Gentlemen/Ladies:

Enclosed find our 1999 Corporate Annual Report and check for \$150.00.

We respectfully request your acceptance of our check for \$150.00 for the following reasons:

Our company has been incorporated in the State since January, 1992. We have never missed the due date any time in the past, this year we either did not receive or misplaced our first notice. In any case our failure to file our 1999 Corporation Annual Report was not intentional or willful but solely because of the reasons stated above.

Your consideration of the above reason and waiver of the \$400.00 late fee will be appreciated.

Truly Yours,



Richard Flury, Controller