

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V11004 (1)

1. Corporation Name

GAMMA GRAPHICS INC.



Principal Place of Business

Mailing Address

7731 SW 62 AVENUE
SUITE 202
SOUTH MIAMI FL 33143

7731 SW 62 AVENUE
SUITE 202
SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified 01/31/1992
3a. Date of Last Report 07/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

65-0312679

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMBER, LAURIE K.
7731 S.W. 62 AVENUE
SUITE 202
SOUTH MIAMI FL 33143

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

Signature, typed or printed name of registered agent, and if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME KAUFMAN, MARTIN
STREET ADDRESS 217-57 KINGSBURY AVE
CITY-STATE-ZIP BAYSIDE NY

1.2 NAME
1.3 STREET ADDRESS 4301 N. OCEAN BLVD. #303
1.4 CITY-STATE-ZIP BOCA RATON FLA. 33431

1.5 TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME KAUFMAN, MARTIN
STREET ADDRESS 217-57 KINGSBURY AVE
CITY-STATE-ZIP BAYSIDE NY

2.2 NAME
2.3 STREET ADDRESS 4301 N. OCEAN BLVD. #303
2.4 CITY-STATE-ZIP BOCA RATON FLA. 33431

1.6 TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ACLIN, JOHN J
STREET ADDRESS 313 IVY LANE
CITY-STATE-ZIP DOUGLASSVILLE PA

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

1.7 TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

1.8 TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

1.9 TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J ACLIN

3-8-96

Date

610 670 3148

Daytime Phone #

CR2E034 (12/95)