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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name V11004

(1)

GAMMA GRAPHICS INC.

FILED Apr 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						-
1 '		-				
7731 SW 62 SUITE 202	AVENUE	7731 SW 62 AVENUE SUITE 202				
SOUTH MIAN	AI FL 33143	SOUTH MIAMI FL 33143				DO NOT WRITE IN THIS SPACE
		12 00/40			3. Date Incorporated or Qualified	
						01/31/1992
2. Principal P	Place of Business	2a. Mailing Address	-			4. FEI Number Applied For
21		26	⊢ ,			65-0312679 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	<u> </u>			\$0.75 Addition
22		27	_			5. Certificate of Status Desired Fee Required
City & Stat	e	City & State				The state of the s
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Žφ	Country	Zip	Cou	untry	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30	•		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		1001	Γ		10. Name and Address of New Registered Agent
AN	IBER, LAURIE K.		-1	81	Name	
1	31 S.W. 62 AVENUE					
	NTE 202			82	Street Addre	ss (P.O. Box Number is Not Acceptable)
	OUTH MIAMI FL 33143			83		
30	OTH MIMMI FE 33143			55		
				84	City	85 Zip Code
						FL 7 5556
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Sta e of Florida, Such change wa	itutes, the al	bove d by	e-named corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent la	m familiar with, and accept the oblig	ations of Section 607.0505,	Florida Stat	tutes).	and board or amoutors. Thereby accept the appointment as registered
SIGNATURE						
	Signature typed or printed name of registered ag			d Age	nt signature require	
12.	D OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
		☐ DELETE	1.1 TI			☐ Change ☐ Addition
NAME	KAUFMAN, MARTIN	•	1 2 N/	AME		
STREET ADDRESS	4301 N. OCEAN BLVD., #30	3	1.3 ST	TAEET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CI	TY-SI	T- ZIP	
TITLE	VPST	☐ DELETE	2.1 10	TLE		Change Addition
NAME	KAUFMAN, MARTIN		2.2 NA	AME		
STREET ADDRESS 4301 N. OCEAN BLVD., #303		3	2.3 \$1	TREET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 C	ITY-S	T-ZIP	
TITLE			3.1 T()	TLE		☐ Change ☐ Addition
NAME	ACLIN, JOHN J		3.2 NA	AME		
STREET ADDRESS	STREET ADDRESS 313 IVY LANE 33		3.3 ST	reet a	ADDRESS	
CITY-ST-2IP	TY-ST-ZIP DOUGLASSVILLE PA 34			ITY-S	T-ZIP	
TiTLE		DELETE	41 111		- 	☐ Change ☐ Addition
NAME			4. 2 N	AME	l	
STREET ADDRESS					ADDRESS	
			TY-ST	1		
TITLE		DELETE	5.1 Til		1-40	☐ Change ☐ Addition
NAME		had out to	5.2 NA		ı	Change C Modition
STREET ADDRESS					*DDDCCC	
I					ADDRESS	
			5.4 CIT		- ZIP	
NAME		ר"ו הנינונ	6.1 111			☐ Change ☐ Addition
1			6.2 NA		[
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP 64-CI 14. I hereby certify that the information supplied with this filing does not qualify for the exe					- ZIP	
14. i nereby c	ertity that the information supplied w	rith this filing does not qualify	y for the exe	empti	ion stated in S	ection 119.07(3)(i), Florida Statutes. I further certify that the information

Increasy 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.

GNATURE:

4-10-98

(610) 670 - 3148

SIGNATURE: