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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

Daytime Phone #

1996

1. Corporation Name

SIGNATURE

DOCUMENT #

V39861

(2)

GRAPHIC ART PUBLISHING, INC.

r illicipal riace	O DUSINESS	Mairrig Address						
1336 WEST MCNAB ROAD FT. LAUDERDALE FL 33309		1336 WEST MCNAB ROAD FT. LAUDERDALE FL 33309						
						3. Date Incorporated or Qualified	3a. Date of La	st Report
						05/29/1992	05/01/	1995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	, 30/0 //	Applied For
21		26				65-0339323	<u> </u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		.75 Additional	
22		27			5. Certificate of Status Desired		ee Required	
City & State		City & State			6. Election Campaign Financing	\$!	5.00 May Be	
23		28			Trust Fund Contribution	ion Added to Fees		
Zip	Country	· • • • • • • • • • • • • • • • • • • •		У		8. This corporation has liability of intangible tax under s. 199.032,		
24	25 29 30 30 9. Name and Address of Current Registered Agent		30			Florida Statutes Yes No		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	legistered Agent	
_			81	' '	Name			
OFER? S	SADIK		82	2 :	Street Addre	et Address (P.O. Box Number is Not Acceptable)		
	MCNAB RD			\perp				
FT LAUC	DERDALE FL 33309		83	3				
ļ			84	4	City		85	Zip Code
				\perp			FL I	,
SIGNATURE						ation submits this statement for the pur d of directors. Thereby accept the appo		its registered office ered agent. I am
	Signature, typed or printed name of registered agen			ont s	gnature required s	when re rist at rige	DATE	
12.	T-1	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		· · · · · · · · · · · · · · · · · · ·
TITLE	D DELETE		1 1 TITLE				☐ Cha	nge 🗀 Addition
NAME	SADIK, OFER			1.2 NAME 1.3 STREFT ADDRESS				
STREET ADDRESS	1336 WEST MCNAB RD.							
CITY-ST-ZIP TILLE	FT. LAUDERDALE FL		1.4 CITY - ST - 7/P 2 1 TITLE		/1F*	-	(T) (ha	
							Chai	nge 🗌 Addition
NAME	HARARI, DAVID			2 2 NAME 2 3 STREET ADDRESS				
STREET ADDRESS	1336 WEST MCNAB RD.							
CFTY-ST-ZIP TITLE	FT. LAUDERDALE FL			2 4 G/TY - ST - ZIF*			[] Cha	na [7] Addition
NAME				3 2 NAME			C) Lila	nge 🔲 Addition
STREET ADDRESS	SADIK, NISO 1336 WEST MCNAB RD.			3.3 STREET ADDRESS				
	FT. LAUDERDALE FL			1				
CITY-ST-ZIF	FI. LAUDERDALE PL			3.4 CITY - ST - 7IP 4. 1 TITLE			☐ Chai	nge 🔲 Addition
NAME				4.2 NAME			L. Criai	ião 📑 uddition
STREET ADDRESS			4.2 NAM: 4.3 STREE		,pprce			
1								
CITY-ST-ZIP			4.4 CITY - 5. 1 TITLE	4.4 CITY - ST - ZIF			Chai	nge Addition
				5.2 NAME 5.3 STREET ADDRESS			المراجعة	
NAME SIHEEL ADDRESS						40001750574.77. -03/20/36010170363-9-9(***400.00		
						-03/20/96010)17036 ⁻	3-19-96
CHY-ST-ZIP THLF		DELETE	5.4 CHY-		4P	***400.00		on Addition
			6. 1 TITLE				☐ Chai	nge 🗌 Addition
NAME			6 2 NAME					
STREET ADDRESS			6 3 STREE	LAD	DRESS			

14. I do hereby certify that the information supplied with this fing is voluntarily full shed 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 proof or supplementar annual report is true and accurate and that my signature shall have the same logal 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.

AND TYPED OR RINTED BALL OF SIGNING OFFICER OR DIRECTOR