

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V41392** (4)

1. Corporation Name
POSTER GRAPHICS, INC.



Principal Place of Business 376 S COUNTY RD PALM BEACH FL 33480	Mailing Address 376 S COUNTY RD PALM BEACH FL 33480-4441
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1992		3a. Date of Last Report 08/20/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0347138		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PERRIN, ROBERT 376 S COUNTY ROAD PALM BEACH FL 33480				10. Name and Address of New Registered Agent			
				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		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	11. TITLE	M	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PERRIN, ROBERT D	12. NAME	Marilyn J. Perrin		
STREET ADDRESS	820 HIBISCUS ST.	13. STREET ADDRESS	820 Hibiscus St.		
CITY, ST, ZIP	BOCA RATON FL 33486	14. CITY-ST-ZIP	Boca Raton, FL 33486		
TITLE	<input type="checkbox"/> DELETE	21. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		22. NAME			
STREET ADDRESS		23. STREET ADDRESS			
CITY, ST, ZIP		24. CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	31. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		32. NAME			
STREET ADDRESS		33. STREET ADDRESS			
CITY, ST, ZIP		34. CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	41. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		42. NAME			
STREET ADDRESS		43. STREET ADDRESS			
CITY, ST, ZIP		44. CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	51. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		52. NAME			
STREET ADDRESS		53. STREET ADDRESS			
CITY, ST, ZIP		54. CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	61. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		62. NAME			
STREET ADDRESS		63. STREET ADDRESS			
CITY, ST, ZIP		64. CITY-ST-ZIP			

14. I do 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, or in an attachment with an address.

SIGNATURE: **x**  **ROBERT D PERRIN** **x** 3/12/97 **x** 561-833-8448

CR2E034 (9/96)