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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # V46897

(7)

CARON GORDON GRAPHICS, INC.

FILED Jun 05 1997 8:00am Secretary of State

16124 GULF BLVD SUITE 102 REDINGTON BEACH FL 33708			16124 GULF BLVD SUITE 102 REDINGTON BEACH FL 33708-1628						
US		U\$				<ol> <li>Date Incorporated or Qualified 06/30/1992</li> </ol>	3a. Date 07/05		Report
	Place of Business	2a. Mailing Addres	SS			4. FEI Number		A	Applied For
21		26				<b>59-3133063</b> Not Applicable			
Suite, Apt	. #, O(C,	Suite, Apt. #, o	Suite, Apt. #, otc.			5. Certificate of Status Desired			Additional Required
City & Sta	te	City & State				6. Election Campaign Financing			····
23		28	28			Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip	Zip Cour			8. This corporation has liability for in			
24	25	29	30				Yes		a. 100.002,
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Reg			
GOF	RDON, CARON			81	Name				
	24 GULF BLVD			82	Street Add	ress (P.O. Box Number is Not Acceptabl	^)		
	HINGTON BEACH FL 34643			0.	Stiegt Mod	ress (F.O. Box Nomber is Not Acceptable	<i>e)</i>		
				В3					
				DA	City			==-	<u> </u>
				84	City		FL	B5 Zip	Code
office or agent. I s SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob- Signature, typed or printed name of registered					poration submits this statement for the pation's board of directors. I hereby accept	the appoin	tment as	s registered
12.		AND DIRECTORS	1 13.	0.180	or organization regar	ADDITIONS/CHANGES TO OFFICE		BECTO	BS IN 12
TITLE	PST	☐ DELE		TLE				Change	Addition
NAME	GORDON, CARON		1.2 N				_	, enange	Last 7 too (1011
STREET ADDRESS	12467 62ND STREET NORTH	Н			ADDRESS				
CITY-ST-ZIP	LARGO FL 34843-3719	•		11Y - S1					
TITLE		DELE			1-211			Change	Addition
NAME			2.2 N					o nonge	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					T · ZIP				
TITLE		☐ DELF						Change	Addition
NAME			3.2 N	AME				•	
STREET ADDRESS			3.3 \$1	rreet .	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP				
TITLE		DELE	TE 4.1 TI	TLE				Change	Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 S1	REE1	ADDRESS				
CITY-ST-ZIP				TY-51	I - ZIP				
TITLE		· DELE	TE 5.1 TI	TLE				Change	Addition
NAME			5.2 N	ME					
STREET ADDRESS			5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP				TY-ST	1				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELE						Change	Addition
NAME			6.2 N/	AME.				v	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			_	14-ST	!				
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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 embal 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 trists of 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.