


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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # V46897 (7)</b>		
1. Corporation Name <b>CARON GORDON GRAPHICS, INC.</b>		

Principal Place of Business <b>40124 GULF BLVD SUITE 102 REDINGTON BEACH FL 33708 US</b>	Mailing Address <b>40124 GULF BLVD SUITE 102 REDINGTON BEACH FL 33708 US</b>
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2. Principal Place of Business 21 <b>209 Bay Plaza</b> Suite, Apt. #, etc. 22 City & State 23 <b>Treasure Island, FL</b> Zip Country 24 <b>33706</b> 25 <b>US</b>	2a. Mailing Address 26 <b>209 Bay Plaza</b> Suite, Apt. #, etc. 27 City & State 28 <b>Treasure Island, FL</b> Zip Country 29 <b>33706</b> 30 <b>US</b>
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9. Name and Address of Current Registered Agent <b>GORDON, CARON 10124 GULF BLVD REDINGTON BEACH FL 33708</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>209 Bay Plaza</b> 83 <b>Treasure Island, FL 33706</b> 84 City <b>Treasure Island</b> 85 Zip Code <b>FL 33706</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	
NAME	<b>GORDON, CARON</b>	1.2 NAME	
STREET ADDRESS	<b>12407 62ND STREET NORTH</b>	1.3 STREET ADDRESS	<b>209 Bay Plaza</b>
CITY-ST-ZIP	<b>LARGO FL 34643-3710</b>	1.4 CITY-ST-ZIP	<b>Treasure Island, FL 33706</b>
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or in an attachment with an address.

SIGNATURE \_\_\_\_\_ 813-363-4804

CR2E034 (10/97)