

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V57595 (3)

1. Corporation Name
JOAN GRAPHIX, INC.



Principal Place of Business
**16400 ERIE PLACE
DAVIE FL 33331
US**

Mailing Address
**P.O. BOX 292023
DAVIE FL DDD29-2023
US**

3. Date Incorporated or Qualified **08/10/1992** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business
21 **1445 N. MIAMI AVE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **9509 S. DIXIE HWY**
Suite, Apt. #, etc.

4. FEI Number **65-0365318** Applied For
Not Applicable

22 **MIAMI FL**
City & State

27 **MIAMI FL**
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **33134** **USA**
Zip Country

28 **33156** **USA**
Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33134** 25 **USA** 29 **33156** 30 **USA**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GITELIS, JOAN
7975 SW 86 ST #203
MIAMI FL 33143

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7975 SW 86 ST #203
83
84 City **MIAMI** FL 85 **33143**

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 *Joan Gitelis* **JOAN GITELIS** *President* **4-24-96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITELIS, JOAN	1.2 NAME	JOAN GITELIS
STREET ADDRESS	1640 ERIE PLACE	1.3 STREET ADDRESS	7975 SW 86 ST #203
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	MIAMI FL 33143
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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.

SIGNATURE: *Joan Gitelis* **JOAN GITELIS** *President* **4-24-96** **305-372588**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)