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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000005403 (8)

1. Corporation Name
K2 GRAPHIC SERVICES, INC.

Principal Place of Business	Mailing Address
351 NE 31ST ST POMPANO BEACH FL 33064	351 NE 31ST ST POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/13/1994
3a. Date of Last Report:

2. Principal Place of Business 21: 211 NW 16TH ST
Suite, Apt. #, etc. 22:
City & State 23: POMPANO BEACH, FL
Zip 24: 33060 Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0464561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

GOGA, DAVID
351 NE 31ST ST
POMPANO BEACH FL 33064

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRES	11 TITLE	PRES	☐ Change ☒ Addition
NAME	DAVID KLING	12 NAME	DAVID KLING	
STREET ADDRESS	1551 ERYN CIRCLE	13 STREET ADDRESS	1551 ERYN CIRCLE	
CITY-ST-ZIP	SUWANEE, GA 30174	14 CITY-ST-ZIP	SUWANEE, GA 30174	
TITLE		21 TITLE	VP	☐ Change ☒ Addition
NAME		22 NAME	DAVID GOGA	
STREET ADDRESS		23 STREET ADDRESS	211 NW 16TH ST	
CITY-ST-ZIP		24 CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		31 TITLE	SEC	☐ Change ☒ Addition
NAME		32 NAME	BRUCE ADAMSKI	
STREET ADDRESS		33 STREET ADDRESS	211 NW 16TH ST	
CITY-ST-ZIP		34 CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		41 TITLE	TREAS	☐ Change ☒ Addition
NAME		42 NAME	DENNIS T. MCNANEY	
STREET ADDRESS		43 STREET ADDRESS	4305 NE 11TH AV	
CITY-ST-ZIP		44 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I declare to certify that the information supplied with this form is voluntarily furnished and 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, added or deleted.

SIGNATURE: DENNIS T. MCNANEY TR 2/25/95 305-786-2900
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Telephone Number)

0426386 FP