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Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P94000005403 (8)

1. Corporation Name
K2 GRAPHIC SERVICES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1994

4. FEI Number

65-0464561

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOGA, DAVID
211 NW 16TH ST
POMPANO BEACH FL 33064

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

Signature typed or printed name of registered agent and title if applicable

(If 31b: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME P
STREET ADDRESS KLING, DAVID
CITY-ST-ZIP 502 ARMOUR CIRCLE
ATLANTA GA

11 TITLE
NAME VP
STREET ADDRESS GOGA, DAVID
CITY-ST-ZIP 211 NW 16TH ST.
POMPANO BEACH FL

11 TITLE
NAME S
STREET ADDRESS ADAMSKI, BRUCE
CITY-ST-ZIP 211 NW 16H ST.
POMPANO BEACH FL

11 TITLE
NAME T
STREET ADDRESS MCNANEY, DENNIS J.
CITY-ST-ZIP 4305 NE 11TH AVE.
POMPANO BEACH FL

11 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

11 TITLE
12 NAME
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14 CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 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 on an attachment with an address.

SIGNATURE: DENNIS J. MCNANEY - TR 1/26/98

954-786-2900

CR2E034 (10/97)