

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K86415** (2)
1. Corporation Name
TENKEY PUBLISHING, INC.

Principal Place of Business 5422 CARRIER DRIVE SUITE 201 ORLANDO FL 32819 US	Mailing Address 5422 CARRIER DRIVE SUITE 201 ORLANDO FL 32819-6394 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/09/1989	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2845501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MCARDLE, JR. J
5422 CARRIER DRIVE
SUITE 201
ORLANDO FL 32819**

10. Name and Address of New Registered Agent
81 Name **McArdle, James**
82 Street Address (P.O. Box Number is Not Acceptable) **4606 Woodlands Village Drive**
83 **Orlando**
84 City **FL** 85 Zip Code **32819**

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 *James McArdle* *Jim McArdle* **4-5-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCARDLE, JAMES M.	
STREET ADDRESS	4606 WOODLANDS VILLAGE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MCARDLE, CRISTINA S.	
STREET ADDRESS	4606 WOODLANDS VILLAGE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOX, PAUL	
STREET ADDRESS	312 ST DAVIDS LANE	
CITY - ST - ZIP	RICHMOND VA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JULIAN	
STREET ADDRESS	2571 CHAIN BRIDGE ROAD	
CITY - ST - ZIP	VIENNA VA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, CECIL	
STREET ADDRESS	9717 OLD COUNTRY TRACE	
CITY - ST - ZIP	RICHMOND VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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, changed, or on an attachment with an address.

SIGNATURE: *James McArdle* **4-5-97** **407-352-3370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)