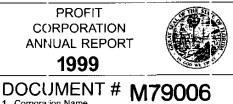
PROFIT CORPORATION ANNUAL REPORT 1999

PUBLISHERS CERTIFIED SERVICE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90042 014 ***150.00

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Mailing Address Principal Place of Business P O BOX 520790 133 EAST CHURCH AVENUE LONGWOOD FL 32752-790 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE US 3. Date ir corporated or Qualifed 04/19/1988 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 59-34920<u>77</u> Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & S:ate 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NACE, W M Street Acdress (P.O. Box Number is Not Acceptable) 82 133 E. CHURCH AVE. LONGWOOD FL 32750 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sc ctions 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 bo h, in the State of Florida. Such change was authorized by the corporation's board of cirectors. 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 na ne of registered agent and title if applicable (NOT :: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. CHAIRMAN/D Change ☐ Addition ☐ DELETE 1.1 TITLE **PSTD** TITLE MACE, W. M. 1.2 NAME NAME NACE, W M 133 E, CHURCH AVE 133 E. CHURCH AVE. 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32750 LONGWOOD FL 32750 1.4 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT S Change Addition DELETE TITLE 2.1 TITLE JUNE P. NACE 2.2 NAME NAME 133 E, CHURCH AVE 2.3 STREET ADDRESS STREET ADDRESS LONGWOOD. FL 32750 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition □ DELETE TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRE 3S 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 on an attachment with an address, with all other like empowered.

CR2E034 (11/98)