

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra D. Matham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 OCT -6 PM 3:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # N96000001867 (8)**

1. Corporation Name

**ASSOCIATION OF PROFESSIONAL BROCHURE DISTRIBUTOR S, INC.**

Principal Place of Business

Mailing Address

4191 DAIRY COURT  
 PORT ORANGE FL 32127

4191 DAIRY COURT  
 PORT ORANGE FL 32127-4389

3. Date Incorporated or Qualified  
**04/08/1996**

3a. Date of Last Report  
**First Report**

2. Principal Place of Business

2a. Mailing Address

21 **4191 Dairy Court**

26 **P.O. Box 7237**

4. FEI Number

**58-1455484**

Applied For  
 Not Applicable

22

27

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

23 **Port Orange, FL**

28 **Daytona Beach, FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip **32127**

25 Country **USA**

29 Zip **32116**

30 Country **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

10. Name and Address of New Registered Agent

**MCDONOUGH, TERRY D**  
 4191 DAIRY COURT  
 PORT ORANGE FL 32127

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**900002317709--1**

83

**-10/10/97--01094--015**

84 City

**\*\*\*\*\*61.25** **\*\*\*\*\*61.25**  
**FL** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Terry D. McDonough, Treasurer**

DATE **4-21-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
**President - Director**  
 NAME **David Hostetter**  
 STREET ADDRESS **966 Houston Northcutt Blvd #p**  
 CITY-ST-ZIP **Mt. Pleasant, NC 27964**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
**Treasurer - Director**  
 NAME **Terry D. McDonough**  
 STREET ADDRESS **4191 Dairy Ct.**  
 CITY-ST-ZIP **Port Orange, FL 32127**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
**Secretary - Director**  
 NAME **Mark Khatman**  
 STREET ADDRESS **420 Fairfield Ave.**  
 CITY-ST-ZIP **Stamford, CT 06902**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

**10897**