

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

**FILED**

**May 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000097193 (2)**

1. Corporation Name  
**INTERNET PUBLICATIONS, INC.**



Principal Place of Business <b>1010 MALLOW WAY BRANDON FL 33511</b>	Mailing Address <b>1010 MALLOW WAY BRANDON FL 33510-2955</b>
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2. Principal Place of Business 21 <b>988 BLVD of the ARTS, Apt 610</b> Suite, Apt #, etc.		2a. Mailing Address 26 Suite, Apt #, etc.		3. Date Incorporated or Qualified <b>11/25/1996</b>	3a. Date of Last Report
22 <b>SARASOTA, FL Apt 610</b> City & State		27 City & State		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 <b>SARASOTA FL</b> Zip		28 City & State		5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 <b>34236</b>	25 <b>USA</b>	29	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BAUER, STEPHEN T 1010 MALLOW WAY BRANDON FL 33511</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUER, JOHN G</b>	1.2 NAME	
STREET ADDRESS	<b>1616 MAPLE STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NOKOMIS FL 34275</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUER, STEPHEN T</b>	2.2 NAME	
STREET ADDRESS	<b>1010 MALLOW WAY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRANDON FL 33511</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENARO, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>4983 79TH AVENUE DRIVE EAST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL 34243</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACULAY, CHARLES P</b>	4.2 NAME	
STREET ADDRESS	<b>988 BLVD. OF THE ARTS, APT 610</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL 34238</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Stephen T Bauer **STEPHEN T BAUER** 2/18/97 813-829-2256  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010316

CR2E034 (9/96)