

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S82957** (9)

1. Corporation Name
STATON PUBLICATIONS & PROMOTION, INC.



Principal Place of Business: **9753 S ORANGE BLOS TR SUITE 101 ORLANDO FL 32837 US**
Mailing Address: **14630 POTANOW TRAIL ORLANDO FL 32837**

3. Date Incorporated or Qualified: **09/25/1991**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **59-3091210**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **9753 S. ORANGE BLOS TR**
22. Suite, Apt. #, etc.: **101**
23. City & State: **ORLANDO FL**
24. Zip: **32837**

9. Name and Address of Current Registered Agent
**STATON, ATHENA
14630 POTANOW TRAIL
ORLANDO FL 32837**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): **9753 S. ORANGE BLOS TR #101**
83. _____
84. City: **ORLANDO** FL 85. Zip Code: **32837**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Athena Staton* DATE: **4/26/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATON, ATHENA	1.2 NAME	
STREET ADDRESS	14630 POTANOW TRAIL	1.3 STREET ADDRESS	9753 S. ORANGE BLOS TR #101
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	ORLANDO FL 32837
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATON, ATHENA	2.2 NAME	
STREET ADDRESS	14630 POTANOW TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATON, JEFF	3.2 NAME	
STREET ADDRESS	14630 POTANOW TRAIL	3.3 STREET ADDRESS	9753 S. ORANGE BLOS TR #101
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	ORLANDO FL 32837
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Athena Staton* DATE: **4/26/96** (407) 850-0400

CR2E034 (12/95)