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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V07577 (2)
1. Corporation Name
SPRING PUBLISHING GROUP, INC.



Principal Place of Business
1801 CLINT MOORE ROAD
SUITE 204
BOCA RATON FL 33487
US

Mailing Address
3010 CANTERBURY DRIVE
BOCA RATON FL 33434-3348
US

3. Date Incorporated or Qualified 01/17/1992
3a. Date of Last Report 02/06/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 6830 N. Federal Hwy.	26	65-0341628	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Third Floor	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Boca Raton, FL	28	<input type="checkbox"/>	
Zip Country	Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33487-1626 25 Palm Bch.	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CIVITA, CESAR M 18244 CLEAR BROOK CIR. BOCA RATON FL 33498		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIVITA, CARLOS	1.2 NAME	
STREET ADDRESS	3010 CANTERBURY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIVITA, CESAR M	2.2 NAME	
STREET ADDRESS	18244 CLEAR BROOK CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIVITA, CARLA	3.2 NAME	D Civita, Carla
STREET ADDRESS	3010 CANTERBURY DDR.	3.3 STREET ADDRESS	3010 Canterbury Drive
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHEVERRY, OSCAR	4.2 NAME	S Echeverry, Oscar
STREET ADDRESS	1801 CLINT MOORE RD #204	4.3 STREET ADDRESS	6830 North Federal Highway, 3 FL
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	T Miguel Civita
STREET ADDRESS		5.3 STREET ADDRESS	3010 Canterbury Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boca Raton, FL
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: *Oscar Echeverry* OSCAR ECHEVERRY 561-241-0992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3-2-97 Daytime Phone #

CR2E034 (9/96)