FILE NOW. FILING FEE AFTER MAY 1 IS $220.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Jun 26 1997 8:00am
Secretary of State

DOCUMENT # P95000051628

1. Corporation Name
Select Publishing CORPORATION

Principal Place of Business
1650 S. DIXIE HWY 3RD FL
BOCA RATON, FL 33432

Mailing Address
1650 S. DIXIE HWY, 3RD FL
BOCA RATON, FL 33432

"AMENDED"

2. Principal Place of Business	2a. Mailing Address	
21	26	
22 Suite, Apt # etc	27 Suite, Apt # etc	
23 City & State	28 City & State	
24 Zip / 25 Country	29 Zip / 30 Country	

3. Date Incorporated or Qualified: 7/3/95
3a. Date of Last Report: 5/1/97
4. FEI Number: 65-0651243 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent
Stephen M. Goodman
1650 S. DIXIE HWY, 3RD FL
BOCA RATON, FL 33432

10. Name and Address of New Registered Agent
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 Stephen M. Goodman DATE 6/12/97

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	STEPHEN COLANGELO	
STREET ADDRESS	1020 NW 6TH ST, Bldg H+I	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	ST	☒ DELETE
NAME	JOY MANCUSO	
STREET ADDRESS	1020 NW 6TH ST, Bldg H+I	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	PAUL MANGIONE	
1.3 STREET ADDRESS	1650 S. DIXIE HWY, 3RD FL	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
2.1 TITLE	ST	☒ Change ☐ Addition
2.2 NAME	Sharlene HAMMETT	
2.3 STREET ADDRESS	1650 S. DIXIE HWY, 3RD FL	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6/26/97

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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)(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: ______ 6/12/97 1-800-984-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAUL MANGIONE, PRES

CR2E034 (12/95)