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Annual Report

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2pgs.

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1st Copy

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida

Secretary of State

Tallahassee, Florida — Refer to This Number in All Correspondence: 23-08-A-103606 — This return is due on July 1

1963

CORPORATION

(INSERT ZIP CODE IF NOT SHOWN)

Mailing Address:

P O Box 970, Coral Gables, Fla. 33134

1. _____ CORPORATION (Give exact name of corporation)

2. FREE SERVICE PUBLISHING (General nature of business)

3. _____ (Street or Post Office Box of principal place of business) _____ (City) DADE (County) FLORIDA (State)

4. a. _____ (Officers-Name) President (Title) P O Box 970 Coral Gables Fla (Address)

b. _____ Vice-Pres P O Box 970 Coral Gables Fla

c. _____ Treasurer P O Box 970 Coral Gables Fla

d. _____

5. a. _____ (Directors - Name) (Law requires at least (3) three) P O Box 970, Coral Gables Fla 33134 (Address)

b. _____ P O Box 970 Coral Gables Fla 33134

c. _____ 1111 Ponce de Leon Blvd. Detroit 26 Michigan

d. _____

6. _____ (Resident Agent Name) 511 Second St. Miami 32 Florida (Address)

I hereby acknowledge acceptance of the appointment as resident agent upon whom service of process may be made _____ (Signature of resident agent)

7. Last meeting of Directors ___ - ___ - ___ (Month - Day - Year) 8. Corporation Active? Yes (Yes or No) 9. If inactive, inactivity began ___ - ___ - ___ (Month - Day - Year)

10. If inactive, will corporation begin business in the future? _____ (Yes or No) 11. Date Incorporated ___ - 2 - 56 (Month - Day - Year) 12. If foreign corporation, Date Qualified in Fla. ___ - ___ - ___ (Month - Day - Year)

13. Total Authorized Capital Stock:

(No. of shares with par value)	$ (Par value each)
(No. of shares without par or nominal value)	

14. Outstanding Capital Stock:

	(No. of shares with par value)	$ (Par value each)	$ (Total value)
(a)			
(b)			
(c)			116 50 100
(d) Total (a)+(b)+(c)			$ 116 50 100 (Total value)

15. Amount of tax Due $ _____

16. Less Credit Memo if any $ _____

17. Amount of tax remitted with this return $ _____

18. If foreign corporation, give amount of capital employed in Florida $ _____

19. If foreign corporation, give the number of States in which you do business. _____

20. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

_____ By President or V-President Attest: Ward R Overton Jr Secretary

STATE OF Florida

COUNTY OF Dade

Personally appeared before me Donna W. DeSando who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 30th day of March 1963.

(Notary Seal) _____ Signature of Notary taking acknowledgment

Form FRC 105

Send Original and 1st COPY TO FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA.

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

1st COPY