

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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 300270 (6)  
1. Corporation Name  
PUBLISHERS REPRESENTATIVES OF FLORIDA, INC.



Principal Place of Business Mailing Address  
~~4700 SAN JOSE MANOR DR W~~  
~~JACKSONVILLE FL 32217~~  
~~US~~  
~~4700 SAN JOSE MANOR DR W~~  
~~JACKSONVILLE FL 32217~~  
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 1848 PERRY PLACE 27 1848 PERRY PLACE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 JACKSONVILLE 27  
City & State  
23 FLORIDA 28 JACKSONVILLE FLA  
Zip Country Zip Country  
24 32207 25 US 29 32207 30 US

3. Date Incorporated or Qualified  
12/29/1965

4. FEI Number 59-1110606 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
STEINBERG, MARTIN S  
~~4700 SAN JOSE MANOR DR W~~  
~~JACKSONVILLE FL 32217~~

10. Name and Address of New Registered Agent  
81 Name STEINBERG, MARTIN S  
82 Street Address (P.O. Box Number is Not Acceptable)  
1848 PERRY PLACE  
83  
84 JACKSONVILLE FL 85 Zip Code 32207

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 *Martin S. Steinberg* DATE 1/26/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. DIRECTORS  
TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS STEINBERG, MARTIN S  
CITY-ST-ZIP 2308 SEGovia AVENUE  
JACKSONVILLE, FL 32217  
TITLE ☐ DELETE  
NAME D  
STREET ADDRESS STEINBERG, RANDEE  
CITY-ST-ZIP 2308 SEGovia AVENUE  
JACKSONVILLE, FL 32217  
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 IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
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

14. I 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. *Martin S. Steinberg*

SIGNATURE: MARTIN STEINBERG 1/26/98 (904) 396-4410

CR2E034 (10/97)