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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

312732

(1)

FILED Feb 23 1998 8:00am Secretary of State

INTERN	NATIONAL PUBLISHING COM	IPANY OF AMERICA,	INC				
Principat Plac	e of Business	Mailing Address		 		# 81811 B BIT B BIT B \$11	Ologo Biogi (BD)
664 LAVILLA SR 665 LA VILLA DR							
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166							
US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
		1 -			01/13/1967		
2. Principal Place of Business 2a. Mailing Address				10	4. FEI Number		Applied For
21 664 JA VILLA DRIVE 26 664 LA VI. Suite, Apt. #, etc.			un	DR.	59-1159442		Not Applicable
 					5. Certificate of Status Desired		5 Additional Regulred
22 27 City & State					& Finalisa Compaign Financia		
23 MiAmi Springs FC 28 MIAMI Sp				1915 Fl	6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip QQunty Zip				intry	8. This corporation owes or has pai		
24 33/6	25 1/SA	29 33/1//		IŚA –	Personal Property Tax due June		No No
	9. Name and Address of Current		1001		10. Name and Address of New Reg		
MC	ORTON, ALEXANDER C			81 Name			
004 1 101 1 1 DD					and (D.O. Berry Mumber in Not Assentable	(-)	
MAIMI SPRINGS FL 33166				82 Street Address (P.O. Box Number is Not Acceptable)			1
1111				83	· · · · · · · · · · · · · · · · · · ·		
				0.0		 1	
				84 City		FL 85 Z	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	pove-named corp	poration submits this statement for the pr	urnose of changing	g its registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was a ions of Section 607 0505. Flo	authorize orida Stal	d by the corporat	ion's board of directors. I hereby accep	t the appointment	as registered
	in terminal with, and accept the obligation	The bit, Section Control (Coop), it is	orida ota	utes.			ŀ
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOT	E: Registere	d Agent signature requir	ed when reinstating)	DATE	,
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
T!TLE	PD	DELE te	1.1 T	TLE		Chang	ge Addition
NAME	Morton,Alexander C		1.2 N	ME			[7
STREET ADDRESS	665 LA VILLA DRIVE		1.3 \$	REET ADDRESS			lå
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CI	TY-ST-ZIP			{
TITLE		DELETE	2.1 31	TLE		Chang	ge 🔲 Addition C
NAME			2.2 N	AME			
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CITY-ST-ZIP			2.40	TY-ST-ZIP			
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NAME			3.2 N	AME			
STREET ADDRESS			3.3 \$1	REET ADDRESS			
CITY-ST-ZIP			3.4. 0	ITY-ST-ZIP			
TITLE		☐ DEL e te	4.1 TI	TLE .		☐ Chang	ge 🔲 Addition
NAME			4. 2 N	AME			
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CITY - ST - ZIP			4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TI	TLE .	'	Chang	ge Addition
NAME			5.2 N	ME			
STREET ADDRESS			5.3 \$1	REET ADDRESS			ſ
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP			
TITLE		DELETE	6.1 11			Chang	ge Addition
NAME			6.2 N/	ME		_	,
STREET ADDRESS				reet adoress			
CITY-ST-ZIP				TY-ST-ZIP			
	certify that the information supplied with	Thie filing does not qualify to			Section 119.07(3)(i), Florida Statutes. I f	urther certify that f	the information
indicated	on this annual report or supplemental	annual report is true and acc	urate and	that my signatur	Section 119.07(3)(i), Florida Statutes. I fre shall have the same legal effect as if	made under oath;	that I am an

SIGNATURE: