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**

(4)

FILED Jan 21 1998 8:00am Secretary of State

	ie publisi	ning, inc.									
Principal Plac	e of Business		N	Mailing Address			~~~~		}		RHEIT BEBIG ERRE
1600 CAPITA	AL CIRCLE. S.W	V.		1600 CAPITAL CIRCLE	. S.W.						
TALLAHASSEE FL 32310-9246 TALLAHASSEE FL 32310-92											
									DO NOT WRITE IN THI	S SPACE	
									3. Date Incorporated or Qualified		
2 Principal (Diana of Rusins		70-	. Mailing Address					12/27/1971 4. FEI Number		
2. Principal Place of Business			<u> </u>	 					l	 	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.						59-1401501		Not Applicable
22			27						5. Certificate of Status Desired		Additional Required
City & State			City & State						6. Election Campaign Financing		
23			28						Trust Fund Contribution		May Be d to Fees
Zip		Country	1501	Zip	Co	untry	,		8. This corporation owes or has paid the c		
24	2	:5	29	,	30	•			Personal Property Tax due June 30.	Yes	□ No
		ind Address of Curren		stered Agent	1001	T			10. Name and Address of New Registered	d Agent	
10	OWE, FRANC	IS CASEY				81	Name				
	BOO CAPITAL					82	Ctront	A	(D.O. Doublember in Mark Associable)		
TALLAHASSEE FL 32310							Street	Addres	ss (P.O. Box Number is Not Acceptable)		
•						83					
										· · · · · · · · · · · · · · · · · · ·	
						84	City		F	85 Zij	o Code
11. Pursuant	to the provision	ons of Sections 607.050	2 and 6	607.1508, Florida Statu	utes, the a	above	-named	Corpor	ration submits this statement for the purpose	of changing	its registered
office or	registered age	int, or b oth, in the State n, and a ccept the obliga	of Flor:	ida. Such change was	authoriza	ed by	the cor.	poratio	n's board of directors. I hereby accept the ap	opointment a	s registered
_	atti rajitmia, witi	i, and accept the onlige	IIIOIIS C	or, 36000011 007.0305, 1	iona si	alule:	5.				
SIGNATURE	Signature, typed o	r printed name of registered age	nl and titi	e if applicable (NC	TE Register	ed Age	nt signature	required	(when reinstaling) DATE]
12.		OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	DRS IN 12
TITLE	VPD			NA DOUBLE				1 2			
NAME				▼ DELETE	1.1	ITLE		CFC	0 ,	Change	Addition
	ALLETTO), JAMES A.		₩ DETEIE		NAME		Rob	ert Hardy		Addition
STREET ADDRESS), James A. Pital Cir., S.W.		DETEIE	1.21	NAME	ADDRESS	Rob	o ert Hardy oo Capital Circle Sw		Addition
	1600 CA			A DETETE	1.21 1.33	NAME		Rob	ert Hardy OCapital Citcle Sw		Addition
STREET ADDRESS	1600 CA	PITAL CIR., S.W.		DELETE	1.21 1.33	NAME STREET CITY-S		Rob	o lert Hardy OD Capital Circle SW Ilahassee, FL 32810		
STREET ADDRESS CITY-ST-ZIP	1600 CA TALLAH/	PITAL CIR., S.W. ASSEE, FL			1.21 1.33 1.40 2.11	NAME STREET CITY-S		Rob	ert Hardy OCapital Citcle Sw	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE	1600 CA TALLAHA PD PRINCE,	PITAL CIR., S.W. ASSEE, FL			1.21 1.33 1.40 2.11	NAME STREET CITY-S TITLE NAME		Rob	ert Hardy OCapital Citcle Sw	☐ Change	
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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 or on an attachment with an address.