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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 503936

(7)

FILED	
Apr 11 1997 8:00am	Ì
Secretary of State	

	TE'S PUB, INC. THE OF BUSINESS RSITY DRIVE	Mailing Address 1829 & UNIVERSITY DF DAVIE FL 33324-5805 US	RIVE					
					3. Date Incorporated or Qualified 05/18/1976		e of Last R 1/1996	eport
	Place of Business	2a. Mailing Address			4. FEI Number	t	<u> </u>	plied For
21 Suite, Apl	# zdo	Suite, Apt. #, etc.			59-1674405			t Applicable
22 Stille, Apr	#, etc.	27			5. Certificate of Status Desired			Additional equired
City & Sta	le	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Ζιρ : □	Country	Zip	30 Cou	intry	8. This corporation has liability for	intangible t 2 Yes 🗀	ax under s I No	. 199.032,
24	25 9. Name and Address of Cui	29 rrent Registered Agent	[30]		Florida Statutes 10. Name and Address of New Re			
SMI	ITH, WILLIAM			81 Name			X	
413	8 S.W. 65TH AVE.			82 Street Add	Iress (P.O. Box Number is Not Acceptal	ole)		
DAV	ME FL						,	
				83				
				84 City		FL	85 Zip	Code
11. Pursuant office or	to the provisions of Sections 607 registered agent, or both, in the Sections familiar with and accept the of	0502 and 607.1508, Florida Statlate of Florida. Such change w	atutes, the al as authorize Florida Stat	bove-named corpora	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of option	changing it intment as	registered
SIGNATURE	Signative, typed or printed name of registeral	d agent and title if applicable (NOTE: Registere	boye-named cor d by the corpora lutes. d Agent signature requ		DATE		
	Signative, typed or printed name of registeral			d Agent signature requi		DATE CERS AND		
SIGNATURE	Sign of the hyperd or partial name of registeror OFFICERS PD SMITH, WILLIAM	d agont and title if applicable (AND DIRECTORS	NOTE: Registerer	d Agent signature requi	uired when reinstating)	DATE CERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Sign of the hyperd or justified name of registeror OFFICERS PD SMITH, WILLIAM 4138 S.W. 65TH AVE.	d agont and title if applicable (AND DIRECTORS	NOTE: Registerer 13. 1.1 TI 1.2 N	d Agent signature requi	uired when reinstating)	DATE CERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Sign X FF, typed or J = Flad r are of registerer OFFICERS PD SMITH, WILLIAM 4138 S.W. 65TH AVE. DAVIE FL	d agent and title if applicable (AND DIRECTORS DELETE	NOTE: Registare: 13. 1.1 Ti 1.2 No 1.3 Si 1.4 Ci	d Agent signature requires TLE AME TREET ADDRESS TY-ST-ZIP	uired when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. ITHE NAME STREEL ADDRESS CITY ST-ZIP THUE	Sign at the hyperd or justiced ratios of registerer OFFICERS PD SMITH, WILLIAM 4138 S.W. 65TH AVE. DAVIE FL	d agont and title if applicable (AND DIRECTORS	NOTE: Registerer 13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI	d Agent signature requi	uired when reinstating)	DATE CERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. THE NAME STREEL ADDRESS CITY ST-ZIP THLE NAME	PD SMITH, WILLIAM 4138 S.W. 65TH AVE. DAVIE FL SDT SMITH, NORMA	d agent and title if applicable (AND DIRECTORS DELETE	NOTE Registare 13. 1.1 II 12 NV 1.3 SI 1.4 CI 2.1 II 2.2 NV	Agent signature required to the signature re	uired when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12
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SIGNATURE 12. 101.E NAME STREEL ADDRESS CITY ST-ZIP THUE NAME STREEL ADDRESS CITY-ST-ZIP	SIDE A FOLLOWING OF PARTIES OF POSITION OF	d agent and title if applicable (AND DIRECTORS DELETE	NOTE Registare: 13. 1.1 TI 12 NV 1.3 SI 1.4 CI 21 TI 22 NV 2.3 SI 2.4 C	A Agent signature required to the signature requirement of the signature requirement o	uired when reinstating)	DATE DERS AND	DIRECTOR Change Change	SS IN 12 Addition Addition
SIGNATURE 12. 171.E NAME STREEL ADDRESS CRY ST-74P THUF NAME STREEL ADDRESS CUTy ST-74P THUE	SIDE A FOLLOWING OF PARTIES OF POSITION OF	d agent and title if applicable (AND DIRECTORS DELETE	NOTE Registare: 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/	A Agent signature required to the signature requirement of the signature requirement o	uired when reinstating)	DATE DERS AND	DIRECTOR Change Change	SS IN 12 Addition Addition
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• For nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(a)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true 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. 7-9-97 (959)-775-761 Daylork Proce 4