## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

	996	DIVISION C					
Corporation 1	MENT # 5121  LAS PUBLISHERS, INC.	04 (1)					
IIIVEE	AO I ODLIOTIENO, INC.						<b>614</b> # <b>616</b>    114
incipal Place c	of Business	Mailing Address		T AND			I OTOIL DIA I IODI
438 CRAIG DRIVE		438 CRAIG DRIVE					
PO BOX 102		PO BOX 1028	£1 04000 4000				
TARPON SPRINGS FL 34688-1028		TARPON SPRINGS FL 34688-1028 US		3. Date incorporated or Qualified 3a. [ 09/10/1976		Date of Last Report 02/03/1995	
Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number		<del></del>	Applied For
 Suite Apt. #,	610	Suite, Apt. #, etc		59-1689169			Vot Applicable
enno rqui i,	· CK	27		5. Certificate of Status Desired			Additional Required
City & State		City & State		6. Election Campaign Financing	F~1		May Be
· · · · · · · · · · · · · · · · · · ·	T combination	28		Trust Fund Contribution	<u> </u>	Added	to Fees
Ζιρ	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes  Yes	intangfole tax No	under s	199.032,
	9. Name and Address of Curr			10. Name and Address of New R		gent	
			81 Name				
RAYNAF	RD, George		82 Street Add	Iress (P.O. Box Number is Not Acceptab	ole)		
	AIG DRIVE						
TARPON	I SPRINGS FL 34688		83				
			<u> </u>			A=   -	Code
Pursuant to or registered familiar with	the provisions of Sections 607.05 d agent, or both, in the State of Fig. , and accept the obligations of, Se	602 and 607.1508, Florida Stat or da Such change was author ection 607.0505, Florida Statut	ules, the above-named corporation's boates.	oration submits this statement for the pur ard of directors. I hereby accept the app	rpose of char ointment as re		
namharwth NATURE	, and accept the obligations of, So	percand both upplicable (	ules, the above-named corporation's boards.  NOTE: Registered Agent signature require	ed when reinstitting!	rpose of char ointment as re	nging its re egistered	egistered offi agent. I am
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SIGNATURE: Bestrie L. Rusignature and Typed on Printed NAM

1/26/96 (8/3)937-9340