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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **539799** **(7)**

1. Corporation Name
CEW PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
140 49TH ST S ST PETERSBURG FL 33707	140 49TH ST S ST PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1977**	3a. Date of Last Report: **05/17/1994**
4. FEI Number: **59-1748846**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. Has corporation had liability for intangible tax under § 199.032, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WATSON, JOHN E. 146 49TH ST. SOUTH ST. PETERSBURG FL 33711	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WATSON, JOHN E	1. NAME	
STREET ADDRESS	140 49TH ST S	1. STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1. CITY-ST-ZIP	
TITLE	CP	2. TITLE	☐ Change ☐ Addition
NAME	WRAY, C E	2. NAME	
STREET ADDRESS	140 49TH ST S	2. STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2. CITY-ST-ZIP	
TITLE	VD	3. TITLE	VD ☒ Change ☐ Addition
NAME	BURDICK, NORMAN L	3. NAME	Burdick, Norman L.
STREET ADDRESS	140 49TH ST S	3. STREET ADDRESS	Deceased
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3. CITY-ST-ZIP	
TITLE	STD	4. TITLE	☐ Change ☐ Addition
NAME	WRAY, JOANNE L	4. NAME	
STREET ADDRESS	140 49TH ST S	4. STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	4. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: C.E WRAY C E Wray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0007A26 CP