Feb 20, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

744140	1999	DIVISION OF CO		TIONS	02-20-1999 90121 028	***150.00	
i. Corporation	MENT # 545397 PUBLISHING COMPANY, II						
OVIEDO	TODEIGNING COMI ART, II	•					
Principal Place	of Business	Mailing Address				818 () BIBN BIBN BI	
935 NORTHERN DANCER WAY 935 NORTHERN DANCER WAY							
205 205					DO NOT WRITE IN THIS	C CDACE	
CASSELBERRY FL 32707 US CASSELBERRY FL 32707 US					3. Date Incorporated or Qualifed	STACE	
US		03			09/16/1977		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21 -					59-1793025	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Red	·
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
Zip				try	8. This corporation owes the current year In	tangible	_/
24	25 29 30				Personal Property Tax.		2 10
	9. Name and Address of Curren	t Registered Agent		B1 Name	10. Name and Address of New Registered	Agent	
FUAL	INGTON, EDWARD L.		L	7,0000			
935 NORTHERN DANCER WAY, #205				82 Street Ad	idress (P.O. Box Number is Not Acceptable)		Ì
CASSELBERRY FL 32707				B3	W.		
			L				\
				B4 City	FI	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the ab	ove-named co	prporation submits this statement for the purpose of ation's board of directors. I hereby accept the apporation	f changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized la Statul	by the corpora es.	ation's board of directors. I hereby accept the appo	ointment as reg	Jisterea }
SIGNATURE	_						
	Signature, typed or printed name of registered ager		legistered A	gent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	S/D	ID DIRECTORS	1.1 TITL	F I	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	RISHER, THOMAS		1.2 NAME				_
STREET ADDRESS	222 CIMARRON BLVD			EET ADDRESS			
CITY-ST-ZIP	LADY LAKE FL 32159		1.4 CITY-ST-ZIP				
TITLE			2.1 TITL	E	100	Change	☐ Addition
NAME	NOLES, JAMES		2.2 NAM	1E			{
STREET ADORESS	PO BOX 365 ((N//A))		2.3 STR	EET ADDRESS"			
CITY-ST-ZIP	GENEVA FL 32732			Y-ST-ZIP			
TITLE	P/D □ DELETE		3.1 TITL			Change	Addition
NAME	FULLINGTON, EDWARD		3.2 NAN				,
STREET ADDRESS	935 NORTHERN DANCER WAY			EET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707		3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition
TITLE	D Cossaboom, Roger		4.1 INL			- Strange	
NAME STREET ADDRESS	144 LAKESIDE CIRCLE			EET ADDRESS			
CITY-ST-ZIP	SANFORD FL 32773			/-ST-ZIP			1
TITLE	D	☐ DELETE	5.1 TITL	-	1,000	☐ Change	☐ Addition
NAME	WHEELER, FRAN N.		5.2 NAM	1E			
STREET ADDRESS	6065 LAKE CHARM CIR		5.3 STR	EET ADDRESS			į
CITY-ST-ZIP	OVIEDO FL 32765		1	/-ST-ZIP		·	
TITLE	D	☐ DELETE	6.1 TITL			Change	☐ Addition
NAME	VAN ASSCHE, FRED		6.2 NAA				
STREET ADDRESS	555 EAST LAKE		6.3 STR	EET ADDRESS			İ

WINTER PARK FL 32789 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, with all other like empowered.

SIGNATURE: