

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 606249 (1)

1. Corporation Name
EXECUTIVE PRESS, INC.



Principal Place of Business: 4484 34TH STREET S.W. P.O. BOX 5007 ORLANDO FL 32811-6441
Mailing Address: 4484 34TH STREET S.W. P.O. BOX 5007 ORLANDO FL 32811-6441

3. Date Incorporated or Qualified: 01/10/1979
3a. Date of Last Report: 02/17/1995
4. FEI Number: 59-1896866
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

HEINKEL, LARRY
243 WEST PARK AVE
SUITE 201
WINTER PARK 32790-9007

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 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: _____ DATE: _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: PT
NAME: BROWNLEE, DENVER R.
STREET ADDRESS: 4484 34TH STR SW
CITY-ST-ZIP: ORLANDO FL
TITLE: SD
NAME: LORING, JAMES T.
STREET ADDRESS: 4484 34TH STR SW
CITY-ST-ZIP: ORLANDO FL
TITLE: V
NAME: OSBORNE, GARY
STREET ADDRESS: 4484 34TH STR SW
CITY-ST-ZIP: ORLANDO FL
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: Change Addition
1.3 STREET ADDRESS: Change Addition
1.4 CITY-ST-ZIP: Change Addition
2.1 TITLE: Change Addition
2.2 NAME: Change Addition
2.3 STREET ADDRESS: Change Addition
2.4 CITY-ST-ZIP: Change Addition
3.1 TITLE: Change Addition
3.2 NAME: Change Addition
3.3 STREET ADDRESS: Change Addition
3.4 CITY-ST-ZIP: Change Addition
4.1 TITLE: Change Addition
4.2 NAME: Change Addition
4.3 STREET ADDRESS: Change Addition
4.4 CITY-ST-ZIP: Change Addition
5.1 TITLE: Change Addition
5.2 NAME: Change Addition
5.3 STREET ADDRESS: Change Addition
5.4 CITY-ST-ZIP: Change Addition
6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY-ST-ZIP: Change Addition

VICE-PRESIDENT
Holland, Marybeth
4484 34th STR. S.W.
Orlando, FL 32811

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)(k), 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 or on an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)