

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 # 613336 (7)

1. Corporation Name

IDEAL PUBLICATIONS OF BOYNTON BEACH, INC.



Principal Place of Business

Mailing Address

1848 N FEDERAL HWY (33435)
P O BOX 141
BOYNTON BEACH FL 33435

1848 N FEDERAL HWY (33435)
P O BOX 141
BOYNTON BEACH FL 33435

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified

03/16/1979

3a. Date of Last Report

04/04/1995

4. FEI Number

59-1886794

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. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOLLEY, THOMAS J JR.
639 E. OCEAN AVE., SUITE 408
BOYNTON BEACH FL 33435

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KOHL, RICHARD G
STREET ADDRESS 1848 N. FEDERAL HWY.
CITY-ST-ZIP BOYNTON BEACH FL 33435
[] DELETE
TITLE PVST
NAME GOLDSON, WILLIAM R
STREET ADDRESS 1848 N. FEDERAL HWY.
CITY-ST-ZIP BOYNTON BEACH FL 33435
[] DELETE
TITLE D
NAME GOLDSON, WILLIAM R
STREET ADDRESS 1848 N. FEDERAL HWY.
CITY-ST-ZIP BOYNTON BEACH FL 33435
[] DELETE
TITLE [] DELETE
NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-ST-ZIP [] DELETE
TITLE [] DELETE
NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-ST-ZIP [] DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
[] Change [] Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[] Change [] Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[] Change [] Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[] Change [] Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[] Change [] Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[] Change [] Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

WILLIAM R. GOLDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96 (407)732-0929

Date

Daytime Phone #

CR2E034 (12/95)