

**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 # 621999 (2)**

1. Corporation Name  
**ROBERT COLLIER PUBLICATIONS, INC.**



Principal Place of Business  
**512 OCEAN AVE.  
P.O. BOX 3684  
INDIALANTIC FL 32903**

Mailing Address  
**512 OCEAN AVE  
P.O. BOX 3684  
INDIALANTIC FL 32903**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/14/1979</b>		3a. Date of Last Report <b>03/08/1995</b>	
21		26		4. FEI Number <b>59-1997129</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**HENDERSON, DOROTHEA  
1343 A1A  
APT 1B  
SATELLITE BEACH FL 32903**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 changing)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICKETTS, PATRICIA C</b>		1.2 NAME	<b>Same</b>	
STREET ADDRESS	<b>1210 S MAGNOLIA</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>INDIALANTIC FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HENDERSON, DOROTHEA C</b>		2.2 NAME	<b>HENDERSON, DOROTHEA C.</b>	
STREET ADDRESS	<b>1343 A1A</b>		2.3 STREET ADDRESS	<b>1343 A1A</b>	
CITY-ST-ZIP	<b>SATELLITE BCH FL</b>		2.4 CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COLLIER, CHARLES S.</b>		3.2 NAME	<b>COLLIER, CHARLES S.</b>	
STREET ADDRESS	<b>96 OLD FIELD RD.</b>		3.3 STREET ADDRESS	<b>96 OLD FIELD RD.</b>	
CITY-ST-ZIP	<b>SETAUKET NY</b>		3.4 CITY-ST-ZIP	<b>SETAUKET, N.Y. 11733</b>	
TITLE	<b>LAMONT Patricia</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	<b>VP LAMONT Patricia</b>	
STREET ADDRESS			4.3 STREET ADDRESS	<b>1248 N. LAMONT DRIVE</b>	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>OAK HARBOR, WA 98277</b>	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(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:

*Charles S. Collier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

Date

516-751-4944

Daytime Phone #

CR2E034 (12/95)