

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 642165 (5)

1. Corporation Name
ARKIN MAGAZINE SYNDICATE, INC.

Principal Place of Business
500 BAYVIEW DRIVE (F)
NORTH MIAMI BEACH FL 33160

Mailing Address
500 BAYVIEW DRIVE (F)
NORTH MIAMI BEACH FL 33160

FILED
Aug 05 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1979

4. FEI Number

59-1944006

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

ARKIN, JOSEPH
500 BAYVIEW DRIVE, #1126
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name
ROBERG, MITZI
82 Street Address (P.O. Box Number is Not Acceptable)
300 BAYVIEW DRIVE #608
83
NORTH MIAMI BEACH, FL 33160
84 City
NORTH MIAMI BEACH FL 85 Zip Code
33160

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

Mitzi Roberg

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

(NOTE: Registered Agent signature required when reinstating)

7/23/98
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ARKIN, JOSEPH
STREET ADDRESS 500 BAYVIEW DR 1126
CITY-ST-ZIP N. MIAMI BEACH FL
☒ DELETE

TITLE S
NAME ARKIN, LYNNE
STREET ADDRESS 500 BAYVIEW DR 1126
CITY-ST-ZIP N MIAMI BEACH FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME ROBERG, MITZI
1.3 STREET ADDRESS 300 BAYVIEW DR 608
1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33160
☒ Change ☐ Addition

2.1 TITLE S
2.2 NAME ROBERG, HARRY
2.3 STREET ADDRESS 300 BAYVIEW DR 608
2.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33160
☒ 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
700002609467
-08/06/98--01053--050
***150.00
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
700002609467
-08/06/98--01053--050
***150.00
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE

Mitzi Roberg

7/23/98

305 940 9x12

CR2E034 (5/98)