SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:11

DOCUMENT # **700218** **(1)**

1. Corporation Name
SPANISH PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
5369 HIGHWAY "ZC" DOUSMAN WI 53118	5369 HIGHWAY "ZC" DOUSMAN WI 53118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1959
3a. Date of Last Report: 12/02/1994
4. FEI Number: 59-6175128 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SHEAD, HUDSON REV.
1401 SW 21ST AVE.
FT. LAUDERDALE FL 33312

Corrections

10. Name and Address of ~~Current~~ Registered Agent

81 Name: SHEDD, HUDSON REV.
82 Street Address (P.O. Box Number is Not Acceptable): 1200 Aurora Blvd, No. C227
83: Bradenton, FL 34202-9750
84 City: Bradenton **FL** 85 Zip Code: 34202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	WALKER, WILLIAM H., MRS.	12 NAME	
STREET ADDRESS	~~6411 W. WISCONSIN AVE.~~	13 STREET ADDRESS	5369 Highway ZC
CITY-ST-ZIP	~~MILWAUKEE WI~~	14 CITY-ST-ZIP	Dousman, WI 53118
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	GARRETT, WILLIS E	22 NAME	
STREET ADDRESS	3 NORTH JUNE LANE	23 STREET ADDRESS	
CITY-ST-ZIP	HENDERSONVILLE NC 28792	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	LINCOLN, FRANK J	32 NAME	
STREET ADDRESS	1530 RICHARD DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	RICHARDSON TX 75081	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ZEMAN, CHUCK	42 NAME	
STREET ADDRESS	P.O. BOX 118 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	ALPENA AR 72611	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	SHEDD, HUDSON	52 NAME	
STREET ADDRESS	~~1401 SW 21ST AVENUE~~	53 STREET ADDRESS	1200 Aurora Blvd, No. C227
CITY-ST-ZIP	~~FORT LAUDERDALE FL 33312~~	54 CITY-ST-ZIP	Bradenton, FL 34202-9750
TITLE	C	61 TITLE	☐ Change ☐ Addition
NAME	WALKER, STEPHEN	62 NAME	
STREET ADDRESS	2300 N MAYFAIR RD. #1115	63 STREET ADDRESS	
CITY-ST-ZIP	WAUWATOSA WI 53226	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/9/95 414-2520901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010681