FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| Secretary of State A DIVISION OF CORPORATIONS | | | | Secretary of State | |
|---|---|-------------------------------------|---|---|--|
| DOCU 1. Corporation | MENT # 70021 | 8 (1) | | | |
| SPANI | SH PUBLICATIONS, INC. | | | | |
| | | | | | ' a an i a ci na a cina a ci |
| Principal Place of Business Mailing Address | | | | | BIBII BADII BABA DIBA BIBII ABDI |
| DOUSMAN WI 53118 12 | | 20975 SWENSON DR. | | 3. Date Incorporated or Qualified | |
| | | 125 Waukesha Wi_53226-0672 | | 12/07/1959 | |
| | | US | | 4. FEI Number | Applied For |
| 2. Principal F | Place of Business | 2e. Mailing Address | | 59-6175128 | Not Applicable \$8.75 Additional |
| 21 | | 26 | | 5. Certificate of Status Desired | Fee Required |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 May Be |
| City & Stat | le | City & State | ··· <u>·</u> | 7. Is this nonprofit corporation a homeow | Added to Fees |
| 23 | | 28 | | ☐ Yes | DXNo |
| Zip 24 | Country 25 | Zip 29 531 8-6-40643 | Country | This corporation owes or has paid the Personal Property Tax due June 30. | current year Intangible |
| [57] | 9. Name and Address of Curre | ont Registered Agent | 101 | 10. Name and Address of New Registers | |
| 81 | | | 81 Name | | |
| | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| 1200 AURORA BLVD., #C227 | | | 83 | | |
| BHAUEI | NTON FL 34202 | | | | |
| | | | 84 City | F | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617.1508, Florida Statutes | s, the above-named corp | poration submits this statement for the purpose tion's board of directors. I hereby accept the a | of changing its registered |
| agent. I a | am familiar with, and accopt the oblig | gations of, Section 617,0503, Flori | da Statutes. | tion's board of directors. Thereby accept the a | ppointment as registered |
| SIGNATURE | Key Hudson Sheet | | Registered Agent signature requir | red when reinstating) DATE | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | P | DELFTE | 1.1 TITLE | | Change Addition |
| NAME | WALKER, WILLIAM H., MRS. | | 1.2 NAME | | |
| STREET ADDRESS CITY-ST-ZIP | 5369 HIGHWAY ZC DOUSMAN WI 53118 | | 1.3 STREET ADDRESS | | |
| TITLE | D D | DELETE | 1.4 CITY-ST-ZIP | | Change Addition |
| NAME | ELLIOTT, PAUL | | 2.2 NAME | | |
| STREET ADDRESS | 5718 BENT CREEK TRAIL | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | DALLAS TX 75252 | DELETE | 2 4 CITY-ST-ZIP 3.1 TITLE | | |
| NAME | TD COLAL FOANIK | L' DETE LE | | | Discours I de 1800 |
| | | | | | ☐ Change ☐ Addition |
| STREET AUTUMESS | LINCOLN, FRANK J 207 HEMLOCK DR. | | 3.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 207 HEMLOCK DR. RICHARDSON TX 75081-390 | 8 | | | ☐ Change ☐ Addition |
| CITY-ST-ZIP TITLE | 207 HEMLOCK DR. RICHARDSON TX 75081-390 D | 8 ☐ DELETE | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE | | ☐ Change ☐ Addition ☐ Change ☒ Addition |
| CITY-ST-ZIP TITLE NAME | 207 HEMLOCK DR. RICHARDSON TX 75081-390 D ZEMAN, CHARLES | | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE | man, charles | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | 207 HEMILOCK DR. RICHARDSON TX 75061-390 D ZEMAN, CHARLES P.O. BOX 684 | | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 0.0 | onen, charles or box 664 (N/2) | ☐ Change ☑ Addition |
| CITY-ST-ZIP TITLE NAME | 207 HEMLOCK DR. RICHARDSON TX 75081-390 D ZEMAN, CHARLES P.O. BOX 684 INTERCESSION CITY FL | | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 0.0 | emen, charles or Box 664 (N/2) Lerossinkay, FL zipco | ☐ Change ☑ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 207 HEMILOCK DR. RICHARDSON TX 75061-390 D ZEMAN, CHARLES P.O. BOX 684 | ☐ DELETE | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | termisim Katy, FL ZIPCO | Change ☑ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 207 HEMLOCK DR. RICHARDSON TX 75081-390 D ZEMAN, CHARLES P.O. BOX 684 INTERCESSION CITY FL D SHEDD, HUDSON 1200 AURORA BLVD, #C227 | ☐ DELETE | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 1.2 | erossinky, FL zipco add, Hudson oo Aurore Blud, # C) | ☐ Change ☑ Addition CE 338~48 ☐ Change ☑ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 207 HEMLOCK DR. RICHARDSON TX 75081-390 D ZEMAN, CHARLES P.O. BOX 684 INTERCESSION CITY FL D SHEDD, HUDSON 1200 AURORA BLVD, #C227 BRADENTON FL | ☐ DELETE | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 1.2 | erossinky, FL zipco add, Hudson oo Aurore Blud, # C) | ☐ Change ☑ Addition CE 338~48 ☐ Change ☑ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 207 HEMLOCK DR. RICHARDSON TX 75081-390 D ZEMAN, CHARLES P.O. BOX 684 INTERCESSION CITY FL D SHEDD, HUDSON 1200 AURORA BLVD, #C227 BRADENTON FL C | ☐ DELETE | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.2 STREET ADDRESS 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.4 CITY-ST-ZIP 5.5 A CITY-ST-ZIP 5.1 TITLE | erossimbly, FL 218 co add, Hudson Blud, # C 3 adenton, FL 218 cop | ☐ Change ☑ Addition Change ☑ Addition Change ☑ Addition 1.2.7 ☐ 34202-4750 ☐ Change ☑ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 207 HEMLOCK DR. RICHARDSON TX 75081-390 D ZEMAN, CHARLES P.O. BOX 684 INTERCESSION CITY FL D SHEDD, HUDSON 1200 AURORA BLVD, #C227 BRADENTON FL | DELETE DELETE | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.2 STREET ADDRESS 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.4 CITY-ST-ZIP 5.5 A CITY-ST-ZIP 5.1 TITLE | erossinky, FL zipco add, Hudson oo Aurore Blud, # C) | ☐ Change ☑ Addition Change ☑ Addition Change ☑ Addition 1 2 7 ☐ 34202-4750 ☐ Change ☑ Addition |

14. Thereby cortify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fierida Statutes. I further certify that the information indicated on this annual report or supplieriental 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:

414-798-5255

FILED

Feb 18 1998 8:00am