

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90077 038 ****61.25

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DOCUMENT # 700218

1. Corporation Name

SPANISH PUBLICATIONS, INC.

Principal Place of Business

5369 HWY. "ZC"
DOUSMAN WI 53118

Mailing Address

20975 SWENSON DR.
125
WAUKESHA WI 53186-4064
US



2. Principal Place of Business

21 **20975 Swenson Drive**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 125

City & State

23 **Waukesha, WI**

Zip

24 **53186-4064**

Country

25 **U.S.A.**

Zip

Country

29

30

3. Date Incorporated or Qualified

12/07/1959

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**

9. Name and Address of Current Registered Agent

**SHEDD, HUDSON REV
1200 AURORA BLVD., #C227
BRADENTON FL 34202**

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P WALKER, WILLIAM H., MRS.**
STREET ADDRESS **5369 HIGHWAY ZC**
CITY-ST-ZIP **DOUSMAN WI 53118**

TITLE ☐ DELETE
NAME **D ELLIOTT, PAUL**
STREET ADDRESS **5718 BENT CREEK TRAIL**
CITY-ST-ZIP **DALLAS TX 75252**

TITLE ☐ DELETE
NAME **TD LINCOLN, FRANK J**
STREET ADDRESS **207 HEMLOCK DR.**
CITY-ST-ZIP **RICHARDSON TX 75081-3908**

TITLE ☐ DELETE
NAME **D ZEMAN, CHARLES**
STREET ADDRESS **P O BOX 684 N/A**
CITY-ST-ZIP **INTERCESSION CITY FL 33848**

TITLE ☐ DELETE
NAME **D SHEDD, HUDSON**
STREET ADDRESS **1200 AURORA BLVD, #C227**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ DELETE
NAME **C WALKER, STEPHEN**
STREET ADDRESS **20975 SWENSON DR., STE 125**
CITY-ST-ZIP **WAUKESHA WI 53186**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
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
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

414-798-5255
Daytime Phone #

CR2E037 (11/98)