SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F90515 (0)

1. Corporation Name

THE PUBLICATIONS GROUP, INC.

Principal Place of Business	Mailing Address
3825 HENDERSON BLVD #600A P.O. BOX 320554 TAMPA FL 33629	3825 HENDERSON BLVD #600A P.O. BOX 320554 TAMPA FL 33629

3. Date Incorporated or Qualified: 07/13/1982
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 13920 N. Dale Mabry
22 Suite, Apt #, etc: Bldg 3 Suite C
23 City & State: Tampa FL
24 Zip: 33618
25 Country: USA

2a. Mailing Address
26 13920 N Dale Mabry
27 Suite, Apt #, etc: Bldg 3 Suite C
28 City & State: Tampa FL
29 Zip: 33618
30 Country: USA

4. FEI Number: 59-2216361 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

DOWNING, JAMES F.
3825 HENDERSON BLVD. #600A
TAMPA FL 33629

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

81 Name: Downing, James F
82 Street Address (P.O. Box Number is Not Acceptable): 13920 N. Dale Mabry Hwy.
83 Bldg 3 Ste C
84 City: Tampa FL 85 Zip Code: 33618

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	DOWNING, JAMES		1.2 NAME	
STREET ADDRESS	115 S DALE MABRY HWY#400		1.3 STREET ADDRESS	13920 N. Dale Mabry Bldg 3 Ste C
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP	Tampa FL 33618
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature], Pres. 7/22/96 289-7506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James F. Downing

CR2E034 (3/96)