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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000002168 (3)

SAXON PUBLISHERS, INC.

Mailing Address

Principal Place of Business

1320 WEST LINDSEY

FILED Apr 23 1997 8:00am Secretary of State



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STANLEY, BEHBERN 1125 N ELLIS RD P O BOX 6578 JACKSONVILLE FL 32238 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socions C07,0502 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 Statu of Tiorida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In affiliat with, and accept the obligations of, Soctone 607,0505, Priorida Statutes. Be above-named corporation submits this statement for the purpose of changing its registered agent. In affiliation with an accept the obligations of, Soctone 607,0505, Priorida Statutes. Statutes. SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF FICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. SAXON, JOHN H JR. 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. SAXON, JOHN H JR. 13. SAXON, JOHN H JR. 13. SAXON, JOHN H JR. 13. SAXON JOHN H JR. 13. STREET ADDRESS 132.0 W. LINDSEY 13. STREET ADDRESS 133.0 W. LINDSEY 134. SAXON, SHELBY 135. STREET ADDRESS 135. STREET ADDRE						10. Name and Address of New Re	gistered Ager	nt	
1125 N ELLIS RD P O BOX 6578 JACKSONVILLE FL 32238 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Present to the provisions of Sections 607 0509, and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, Issed or printed some or regiment gipt and their if appetable. (NOTE Regiment Agent expande regiment re	STAI	NI FY. RERRERT		8.	Name				
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12	office or re agent. I as	enistered enont, or both, in the State	e of Florida. Such change was	authorized b	ny the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of cha	inging its register nent as register	ered red
TITLE	SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NO	TE Registered A	gent signature	required when reinstating)	DATE		—
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a go nereby cermy that the information supplied with this mining obes not quality for the exemption stated in Section 118.07(5)(f), Friorios Statutes. Further certify that the finformation 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 13 if changed, or on an attachment with an address.