05-10-1999 90069 031 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F93000005701**1. Corporation Name

FASTLINE PUBLICATIONS, INC.

											i ka kil ka ik ka k			
Principal Place of Business Mailing Address									((891)	4 1716 18199 11111 387	, 65(1) 66(1) 66(1)		18917 01	
4900 FOX RUN RD. P O BOX 248														
BUCKNER KY 40010				BUCKNER KY 40010-248					DO NOT IMPITE IN THIS SPACE					
US									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
									12/16/ <u>19</u>		ed 			,
2. Principal Pl	lace of Busines	s	22	2a. Mailing Address					4. FEI Number				Applied For	
21			26					61-0990596				Not Applicable		
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5 Certificate o	f Status Desired	ı 🗆			Iditional
22			27	27					J. Certificate C			Fe	e Req	uired
City & State	е			City & State					6. Election Campaign Financing \$5.00 May Be				fay Be	
23			28	28					Trust Fund Contribution Added to Fees					Fees
Zip Country				Zip Cou			ıntry		8. This corpor	ation owes the o	current year Ir		_	_
24	25		29						Personal Property Tax.			☐ Yes ☐ No		
	9. Name ar	nd Address of Cui	rent Regi	nt Registered Agent					10. Name and	Address of Ne	w Registered	Agent		
0.7	CODDODATIO	ON OVETEN				81	Name							
C T CORPORATION SYSTEM							Street	Address	ress (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND RD.									<u> </u>					
PLAI	NTATION FL	33324				83								
						84	City					85	Zip Co	ode
											F	L T		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th office or registered agent, or both, in the State of Florida. Such change was authoriagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							the corp	corpora oration's	tion submits this board of direc	s statement for tors. I hereby ac	the purpose o ccept the appo	f changin pintment a	ig its regi	egistered istered
SIGNATURE														
	Signature, typed or p	printed name of registered	-		NOTE: Registere	negA t	it signature i	required wh			DATE			0.11.40
12.		OFFICERS	AND DIR		13.				ADDITIONS	CHANGES TO	OFFICERS A			Addition
TITLE	PC			☐ DELET	E 1.1 T	TLE						☐ Cha	rige	Addition .
NAME				1.2 N		1.2 NAME								
STREET ADDRESS			1.3 S		1.3 STREET ADDRESS									
CITY-ST-ZIP	BUCKNER	KY 40010				ITY-S	T-ZiP	<u> </u>						□ Addition
TITLE	SD			⊠ DELET	E 2.1 T	ΠLE			retary			Cha	inge	Addition
NAME	HOWARD, MARY			221					ylene J Blair 312 Ashen Run Road					'
STREET ADDRESS	•			2.3										
CITY-ST-ZIP	BUCKNER	KY 40010				CITY-S	T- ZIP	Cre	${\sf stwood}$,	<u>_Ky 400</u>)14			
TITLE	T			☐ DÉLET	E 3,1 T	ΠĒ						☐ Cha	ınge	Addition
NAME	BRUCE CALLAM, JR.				3.2 N	AME								
STREET ADDRESS 7205 INLAND CT					3.3 S	TREET	ADDRESS							
CITY-ST-ZIP	GEORGETO)wn in			3.4 (CITY-S	T-ZIP							
TITLE				☐ DELET	E 4.1 T	ITLE						Cha	ange	☐ Addition
NAME	ļ				4.21	NAME								
STREET ADDRESS					4.3 5	TREE	TADORESS	:						
CITY-ST-ZIP	J				4.4 0	ITY-S	T-ZIP]						
TITLE				☐ DELET	E 5.1 T	ITLE						☐ Cha	inge	☐ Addition
NAME					5.2 N	AME								
STREET ADDRESS					5.3 S	TREET	T ADDRESS							
CITY-ST-ZIP					540	TY-S	T-ZIP							
TITLE				☐ DELET	E 6.1 T	ITLE						Cha	inge	Addition
NAME	. 4				6.2 N	AME								
STREET ADDRESS					6.3 S	TREE	TADDRESS	1						

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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/29/99

502 222 0145