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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

NAM:

TITLE

NAME

STREET ADDRESS

STREET ADORESS

City - ST - 201



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001297 (0)

PUBLISHERS SUPPLY, INC.

26 KEEWAYDIN DR 26 KEEWAYDIN DR HINT C LINIT C SALEM NH 03079-4880 SALEM NH 03079 3a. Date of Last Report 3. Date incorporated or Qualified 03/15/1994 02/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 04-2305929 Not Applicable 26 Suite, Apt. #, etc. Suite Apt. # eto \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, TIM 3012 51ST AVE, TERRACE WEST 82 Street Address (P.O. Box Number is Not Acceptable) BRADENTON FL 34207 83 84 City Zip Code 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 prefix mansural registered agent and the Tappicable (NOTE: Registered Agent signature regulred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. CVCP DELETE K Change Addition 11 TITLE TOTAL FAULKNER, ROBERT 1.2 NAME NAME 7 CALUMET LANE CALUMET LANE STREET ADDITIONS 1.3 STREET ADDRESS MARBLEHEAD MA MARBLEHEAD MA 01945 1.4 CITY-ST-ZIP City - St - ZiP DELETE 2.1 TITLE K Change Addition FAULKNER, ROBERT 2.2 NAME NAME 7 CALUMET LANE 2.3 STREET ADDRESS 5 CALUMET LANE STREET ADDRESS MARBLEHEAD MA MARBLEHEAD MA 01945 2 4 CITY-\$1-ZIP CHY-ST-ZIP DELETE K Change Addition TITLE 31 TITLE MASON, WILLIAM 3.2 NAME STILES RD STREET ADDRESS 3.3 STREET ADDRESS SALEM NH SALEM NH 03079 3 4. CITY - BT - ZIP CITY ST-76 DELETE Change Addition 41 TITLE TILLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY - \$1 - 209 DELETE Change Addition TIBLE 5.1 TITLE

14. I do hereby certify that the information supplied with this filling 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

6.4 CITY - ST - ZIP

5.2 NAME

61 TITLE **6.2 NAME**

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-\$1-ZIP

Muller ROBERT A FAUIKNER 1-30-97 1603 898-9898

(96/6)

Change

Addition

FILED

Feb 17 1997 8:00am

Secretary of State