



Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Apr 28 1997 8:00am Secretary of State	
DOCUMENT # F94000001508 (0) 1. Corporation Name SOCIAL SCIENCE MONOGRAPHS, INC.					
Principal Place of Business 1636 COLUMBINE AVE. BOULDER, CO 80302		Mailing Address BOX 29 REGENT HALL UNIVERSITY OF COLORADO BOULDER, CO 80309-0029 US		3. Date Incorporated or Qualified 03/25/1994 3a. Date of Last Report 04/18/96	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 84-0835368 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 FISHER,STEPHEN A 3653 CORTEZ RD.,, W., #120 BRADENTON, FL 34210			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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 _____ DATE _____ (Type, print, or print name of registered agent and file, if applicable) (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE PDT NAME FISHER,STEPHEN A STREET ADDRESS 766 MAGELLAN DR. CITY, ST, ZIP SARASOTA, FL 34243			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		
2. TITLE DS NAME FISHER, ANNE D STREET ADDRESS 766 MAGELLAN DR. CITY, ST, ZIP SARASOTA, FL 34243			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
3. TITLE D NAME TYSON, ANNE STREET ADDRESS 9009 NORTH PLAZA, #111 CITY, ST, ZIP AUSTIN, TX 78753			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP			600002159846 -04/30/97--01022--007 ***165.00		
14. I do 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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04-23-1997 Date 941-753-4782 Daytime Phone #		