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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600005288 (3)

ECONO-ADS PUBLICATIONS, INC.

FILED Mar 31 1997 8:00am Secretary of State



1213 LAKE AVENUE SUITE 107-108 LAKE WORTH FL 33460			Mailing Address 1213 Lake Avenue Suite 107-108 Lake Worth FL 33460-3603							
							3. Date Incorporated or Qualified 10/11/1996	3a. Dat	e of Last F	leport
2. Principal Place	of Business	2a. Mailing Address					4. FEI Number	·	A	pplied For
21		26					88-0367701		N	ot Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State			City & State			-	6. Election Campaign Financing		\$5.00	May Be
23		28	8				Trust Fund Contribution			to Fees
Zip	Country	Zip Cou			ntry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29		30			Florida Statutes Yes No			
	, Name and Address of Curren	t Registe	red Agent				10. Name and Address of New Reg	stered A	gent	
MITCHE	ELL, ANGELA				61	Name				
	AKE AVENUE SUITE 107-108				82	Stroot An	ddress (P.O. Box Number is Not Acceptable	2/		
	ORTH FL 33460			Ì	02	טנוסטו אנ	duress (F.O. BOX Norribbi is Not Acceptable	2)		ł
					83					
							- 10-1-10-10-10-10-10-10-10-10-10-10-10-10			
					84	City		FL	85 Zip	Code
11 Parement to the	io numisions of Sections 607.050	2 and 60	7 1508 Florida Stati	ites the at	OVE	named co	orporation submits this statement for the pu		changing	its registered
office or regis	stered agent, or both, in the State	of Florida	Such change was	authorized	d by	the corpo	oration's board of directors. I hereby accept	the appo	pintment as	s registered
agent Lamifa	amil ar with, and accept the oblig-	ations of,	Section 607.0505, F	lorida Stat	utes	k.				
SIGNATURE										
	alive, typed or presed name of registered age				1 Age	nt signature rea	equired when rainslating)	DATE	DIDECTOR	20 01 40
12.	OFFICERS AN	DIHEC	DELETE	13.	r. r		ADDITIONS/CHANGES TO OFFICE		☐ Change	Addition
I -	-		☐ bereit	1.1 TO		-			L Change	L AUGILION
	ODGE, PHILIP			1.2 NA						
	300 W. SAHARA, STE. 101			1.3 \$7	REET	ADDRESS				ļ
CITY-ST-Zit:	AS VEGAS NV 89102			1.4 0	TY - \$	r - ZiP	ξ		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
T TLE			DELETE	2 1 Ti	TLE .				Change	Addition
NAME				2 2 N	ME		•			ļ
STREET ADDRESS				2 3 ST	AEET	address				ì
C(7Y+S1-7)**				2.40	ITY-S	IT-ZIP				
1tf.F			☐ DELETE	317)	TLE				Change	☐ Addition
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY+ST-ZIP				3.4 C	ITY-S	IT-ZIP				
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NAME				4. 2 N	AME					
STREET ADDRESS						ADDRESS				
C-TY-ST-ZIP				4.4 CI		1				
TITLE	**************************************		☐ DELETE	5.1 TI		1 - 211			Change	Addition
NAME				5.2 N/						
						ADDDECC				
STREET ADDRESS						ADDRESS				
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TITLE			☐ DELETE	6.1 TI					Change	Addition
NAME	.			6.2 NA						
STREET ADDRESS				6.3 ST	REET	ADDRES\$				
CHY-S1-ZiF				6.4 CI	TY - \$	T-ZIP				

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 a practices.

SIGNATURE: