FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # G57457

1. Corporation Name

(5)

WORDCRAFT COMMUNICATIONS, INC.

Principal Place of Business Mailing Address 11000 PEPPERTREE LANE PORT RICHEY FL 34668 PORT RICHEY FL 34668										
							3. Date Incorporated or Qualified 08/30/1983		of Last R	•
2. Principal Place of Business 2a. Mailing Address 2b.							4. FEI Number			Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #			. #. elc.				59-2326278			Not Applicable
22		27					5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	3	City & State	City & State			6. Election Campaign Financing		\$5.0	O May Be	
23		28					Trust Fund Contribution		Adde	d to Fees
24)	Zip Country Zip 29			Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
<u></u>	9. Name and Address of Curren		30	7			10. Name and Address of New R		Azent	···
				81	Na	me	70. 1141110 4114 11401000 01 11001 11	ogistor ou	A SOUTH	
FENRICI	H, DONALD R JR			-	C+-	aat Adala	and IDO Day Number in Not Assets	(-)		
	EPPERTREE LANE		82 Street Add			eet Addri	ess (P.O. Box Number is Not Acceptab	I 0)		
PT RICH	IEY FL 34668			83				•		•
				84	Cit	y	· · · · · · · · · · · · · · · · · · ·	FL	85 Zi	p Code
S:GNATURE (12.	Styrative typed or printed name of registered agent OFFICERS AND		(NOTE: Register 13		nt signa	ture required	when refusialing) ADDITIONS/CHANGES TO OFFI		DIRECTO	PRS IN 12
NAME	FENRICH, DONALD R JR			NAME				L	Change	L.I Addition
STREET ADDRESS	11000 PEPPERTREE LANE			1.3 STREET ADDRESS		ess				
CITY - ST - ZIP	PORT RICHEY, FL 00000	PORT RICHEY, FL 00000			T-21P					
TITLE	DP	☐ DELETE	2 1	TITLE					Change	Addition
NAME	FENRICH, COLLEEN J.		22	NAME						
STREET ADDRESS	11000 PEPPERTREE LANE			STREFT		SS				
CITY-ST-ZIF TITLE	PORT RICHEY FL	☐ DELETE		CITY - S	I - ZIP			-	T Change	- Addition
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CITY+S1+ZIP				CITY - S						
11TLF		DELETE		TITLE					Change	Addition
NAME			4.2	NAME						
STHEET ADDRESS			4.3	STREET	ADDRE	:ss				
CHY ST ZP				CITY - S	T - 21P					
1:116		☐ DELETE		TITLE				E] Change	Addition
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NAME		been		NAME				L	□ cuan i e	☐ Addition
STREET ADDRESS				NAME STREET	ADDDI	cc				
City-S1-Zip				CITY-S						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 of 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 if an attachment with an addition.

SIGNATURE: WILLIAM CONTROL OF SIGNING OFFICER OF DIRECT

2-19-96 BV3-B62-39.3/

CR2E034 (12/95)