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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

G72337

(0)

FILED Jan 22 1997 8:00am Secretary of State

1. Corporation Name ST. MICHAEL PRESS PUBLISHING COMPANY, INC. Principal Place of Business 414 WASHINGTON RD PO BOX 7007 W PLM BCH FL 33405 W PLM BCH FL 33405					3. Date incorporated or Qualified 3a. Date of Last Report					
9 Dringing! D	race of Business	2a. Mailing A	Address			11/28/1		04/	22/1990	
11		·	26				NOT APPLICABLE			Applied For Not Applicable
Suite, Apt	#. etc.	Suite, Ap	ot. #, etc.			5. Certificat	e of Status Desired		\$8.75	Additional
City & State	Δ	27 City & St	ato							Required
23	u .	28	ate			· ·	Campaign Financing d Contribution			O May Be d to Fees
Zip	Country	Zip		Count	lry		oration has liability for			
24	25	29		30		Florida S			No	
POI	 Name and Address of Curre JCHLAS, ROBERT REV. 	nt Registered Age	ent .		1 Name	10. Name ar	d Address of New	Registered .	Agent	
	4 WASHINGTON RD			8		(0.0 B. N	umber is Not Accept			
	ST PALM BEACH FL 33405			Ľ	Street A	ddress (P.O. Box N	umber is Not Accept	(able)		
				8	3					
				8	4 City		*	<u></u>	85 Z	p Code
11 Durant	to the provisions of Continue CO7 OC	02 and 607 1609 I	Incide Ctetu	too the sha				FL	Laboration	the registered
agent. La	m familiar with, and accept the oblic	e of Florida. Such o gations of, Section	change was 607.0505, Fl	ies, me abt authorized orida Statut	ove-named or by the corporates.	corporation submits oration's board of d	this statement for the irectors. I hereby acc	e purpose of cept the app	ointment	as registered
SIGNATURE	Signature, typical or printed name of registered ag	gent and title if applicable		Tt.: Registered A		corporation submits oration's board of d required when reinstating)		DATE		
	Signature, typical or printed name of registered ag	ion and life if applicable ND DIRECTORS			Agent signature r	required when reinstating)	this statement for the irectors. I hereby according to the state of th	DATE		ORS IN 12
SIGNATURE	Signature, typicit or profits name of registered ag OFFICERS AN PVD BOUCHLAS, ROBERT REV.	ion and life if applicable ND DIRECTORS	(NO	TE: Registered /	Agent signature r	required when reinstating)	S/CHANGES TO OF	DATE FICERS AND	DIRECTO	ORS IN 12
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To nereby 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 appears in Block 12 at Block 12 at Changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

113/97 (561) 832566

noga 197