

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G72742** (1)

1. Corporation Name

PRODUCTIVITY PRESS, INC.



Principal Place of Business 1010 N FLORIDA AVE 490 LUCERNE AVE. TAMPA FL 33602 US	Mailing Address C/O ALFRED KURZENHAUSER 490 LUCERNE AVE TAMPA FL 33606-812 US
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2. Principal Place of Business 21 490 LUCERNE AVE. Suite, Apt. #, etc. 22 City & State 23 TAMPA FL 33606 Zip 24 33606 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 12/02/1983	3a. Date of Last Report 03/16/1995
4. FEI Number 59-2346095	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. 193.032 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent KURZENHAUSER, ALFRED 490 LUCERNE AVE. TAMPA FL 33606	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when making change)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Change ☐ Addition ☐
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	Change ☐ Addition ☐
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	Change ☐ Addition ☐
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	Change ☐ Addition ☐
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	Change ☐ Addition ☐
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	Change ☐ Addition ☐
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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

6/19/96 813-251-6403

CR2E034 (3/96)