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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

| | MENT # G92 0 PUB VENTURES, INC. | 437 | (4) | | | | | 1 k a n di ad n | | <u> </u> | |
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| Bringing! Ofg.:- | of Business | | niling Address | | | | | | | | |
| Principal Place | | | ailing Address | | | | | | | | |
| 635 SW 28 S | | | 635 SW 28 ST GAINESVILLE FL 3260 | 17 | | | | | | | |
| | | | O'MILEONIEE I'E GEO. | | | | 3. Date Incorporated | or Qualified | 3a Da | ite of Last | Report |
| | | | | | | | 03/21/1984 | or datamed | 1 | 04/21/ | |
| 2. Principal Pla | ace of Business | 2a. | Mailing Address | | | | 4. FEI Number | | | V 17 E 17 | Applied For |
| 1 | | 26 | | | | | 59-238083 | 9 | | | Not Applicable |
| Suite, Apt. # ⊾T | t, etc. | | Suite, Apt. #, etc | | | | 5. Certificate of Status | s Desired | | | 75 Additional e Required |
| City & State | | 27 | City & State | | | | 6. Flection Campaign | Financing | | | .00 May Be |
| 3 | | 28 | 0.1, 2.0.1.10 | | | | Trust Fund Contrib | - | | | ded to Fees |
| Zip | Country | | Zφ | Cou | intry | | 8. This corporation ha | s liability for | intangible | tax under | s 199.032 |
| 4 | 25 | 29 | | [30] | · | | Florida Statutes | | 3 □ No | ··· | |
| | g, Name and Address of Cu | urrent Regis | tered Agent | | 81 Nar | | 10. Name and Addre | ss of New I | Registered | Agent | |
| OLABY | PDM/ADD A | | | | | | | | | | |
| CLAHK, 635 SW | EDWARD L. | | | | 82 Stre | et Addre | ess (P.O. Box Number is t | Not Accepta | ble) | | |
| | 7 26 31. SVILLE FL 32607 | | | | 83 | | | | | | |
| CHINES | THELE I'L JEOU! | | | | | | | | | ····· | |
| | | | | | 84 Orty | | | | FI | L 85 | Zıp Code |
| SIGNATURE | Signature, typed or printed name of registerial | lagerantest | 0505, Florioa Statutes ਬਰਮਾਰਗ ਵਿੱਚ | 3 | | | d of directors. Thereby ac | | DATE | | |
| SIGNATURE | Signature, lycod or protest name of respective F OFFICERS | | 0505, Florioa Statutes ਬਰਮਾਰਗ ਵਿੱਚ | 3 | 1 Agent signat | | | | DATE | | TORS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, lipsed or profest name of respective to OFFICERS DP CLARK, EDWARD | Tager and tests S AND DIREC | 0505, Florioa Statutes ਬਰਕਾਰਕ (ਆ CTORS | 316 Bi gistere. 13. 1.13 1.28 | 1 Agent signat NITLE | ке сериое [| क्षीत्म (रक्त जानसम्ब | | DATE | ID DIREC | TORS IN 12 |
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HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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