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

FILED Mar 05 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H04491 FLORIDA LEGAL PERIODICALS, INC. Principal Place of Business Mailing Address 414 E. 7TH AVE. P. O. BOX 3730 SECOND FLOOR TALLAHASSEE FL 32303 TALLAHASSEE FL 32315 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1984 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 59-2423309 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STAUBER, ALVIN 414 E. 7TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 84 City 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 reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE ★ Change Addition NAME GELLER, STEVEN A. GELLER, STEVEN A. 1.2 NAME 1815 GRIFFIN ROAD SUITE 403 822 S.W. 176 Avenue STREET ADDRESS 1.3 STREET ADDRESS **DANIA FL** Pembroke Pines, FL 33029 CITY - ST - ZIP 1.4 CITY-ST-ZIP DΡ DELETE TITLE 2.1 TITLE Change ☐ Addition STAUBER, ALVIN NAME 2.2 NAME 2514 BETTON WOODS DRIVE STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

14. I 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 13 if changed or on an ayachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

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