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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H88336

PENGUIN PRESS CORPORATION

(3)

## FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business  * DANIEL MARKEY MCLAUGHLIN 322 S FEDERAL HWY DANIA FL 33004		% DANIEL N 322 & FEDE DANIA FL 3	Mailing Address  * Daniel Markey McLaughlin 322 S Federal Hwy Dania Fl 33004-4102				3. Date Incorporated or Qualified 12/05/1985 06/12/1996		
<u> </u>	Place of Business	2a. Mailing 26	Address				4. FEI Number 59-2619372		oplied For ot Applicable
. Suite, Ap <b>22</b>		Suite. A	\pt. #, etc.				5. Certificate of Status Desired		Additional equired
Cily & St	ale	City & 9	State		********		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Z(p)	Country	Zip		Cou	intry		8. This corporation has liability for intangible t		
24	25	29		30			Florida Statutes Yes	] No	
., A	9. Name and Address of Cur	rent Registered A	gent		L,		10. Name and Address of New Registered A	gent	
	LAUGHLIN, DANIEL MARKEY				81	Name	) 		
	2 S FEDERAL HWY NIA FL 33004				82	Street	Address (P.O. Box Number is Not Acceptable)		
					83			***************************************	
					84	City	FL	85 Zip	Code
office o agent I SIGNATURE	am familiar with and accept the ob-	oligations of, Section	n 607.0505, Fl	orida Stal	tutes	). 	rporation's board of directors. I hereby accept the apporter required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND		
TILLE	PD	AND DIRECTORS	DELETE	1.1 11	71.0			Change	Addition
NAME	MCLAUGHLIN, DANIEL M.		LJ DELETE	1.2 N				Onling	L. Hadillon
STREET ADORES	ANA C PEDEDAL LINK					ADDRESS			
City-St-ZiP	DANIA FL			1.4 C					
TILLE			DELETE	211				Change	Addition
NAME	MCLAUGHLIN, PATRICIA			2.2 N	AME		1		
STREEL ADDRESS				2.3 \$	TREET	ADDRESS			
. CHY-S1-7IP	DANIA FL		T be eve			ST-ZIP			11.00
11FLE			☐ DELETE	3.1 Ti			'	Change	Addition
NAME - STREET ADDRES				3.2 N		ADORESS			
·STREET ADDRES - C-TY+ST-2iP	2					ADURESS ST-ZIP	· ·		
TILL			DELETE	4.1 1		ri-cit		Change	Addition
NAM:				4.21	AME			-	
STREET ADDRESS	s			4.3 \$	TREET	ADDRESS			
CITY+ST-ZIP				4.4 0	ITY - S	7-ZIP			.,,,,,,
Hicf			☐ DELETE	5.1 TI	TLE	-		Change	Addition
NAME				52 N					
STREET ACHORES	5					ADDRESS	<u> </u>		
C07 - S1 - 7-P		***************************************	DELETE	5.4 C		T-2IP		Change	Addition
1-ILI-			M PETELE	62 N				viaigd	III) AUGUOT
NAME STREET ADORES:	ς:					ADDRESS			
CITY ST-7/0						I-ZIP			
14 Ldo 500	ad a coefficient that the automorphism pure	oficel with this filing	door not aval				stated in Section 119 07(3Vi) Florida Statutes I further	cords that	tho

I do 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 12 or Block