

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J41981 (8)

1. Corporation Name
MAGNOLIA PUBLISHING, INC.



Principal Place of Business: **2057 SUE HARBOR COVE ORLANDO FL 32803 US**
Mailing Address: **P.O. BOX 536904 ORLANDO FL 32853-6904 US**

3. Date Incorporated or Qualified: **11/13/1986**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-2746008**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29
Country: 30

9. Name and Address of Current Registered Agent
**COHEN, ERWIN V.
2057 SUE HARBOR COVE
ORLANDO FL 32803**

10. Name and Address of New Registered Agent
81. Name: **ERWIN V. Cohen (unchanged)**
82. Street Address (P.O. Box Number is Not Acceptable): **2057 Sue Harbor Cove**
83. City: **Orlando, FL 32803**
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]* DATE: **4/16/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN ERWIN V.	
STREET ADDRESS	2057 SUE HARBOR COVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, CAROLYN A.	
STREET ADDRESS	2057 SUE HARBOR COVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carolyn A. Cohen	
1.3 STREET ADDRESS	2057 Sue Harbor Cove	
1.4 CITY-ST-ZIP	Orlando, FL 32803	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Erwin V. Cohen	
2.3 STREET ADDRESS	2057 Sue Harbor Cove	
2.4 CITY-ST-ZIP	Orlando, FL 32803	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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4-20-96

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* Erwin C. Cohen 4/2/96 407-898-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)