

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K86415 (2)

1. Corporation Name

TENKEY PUBLISHING, INC.



Principal Place of Business

Mailing Address

**5422 CARRIER DRIVE
SUITE 201
ORLANDO FL 32819
US**

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SUITE 201
ORLANDO FL 32819
US**

3. Date Incorporated or Qualified

05/09/1989

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCARDLE, JR. J
5422 CARRIER DRIVE
SUITE 201
ORLANDO FL 32819**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCARDLE, JAMES M.
STREET ADDRESS 4606 WOODLANDS VILLAGE
CITY-ST-ZIP ORLANDO FL 32835 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST
NAME MCARDLE, CRISTINA S.
STREET ADDRESS 4606 WOODLANDS VILLAGE
CITY-ST-ZIP ORLANDO FL 32835 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME MUGFORD, ED W.
STREET ADDRESS ROYAL OLDSMOBILE, 83200 W. BROAD STREET
CITY-ST-ZIP RICHMOND VA ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME FOX, PAUL
STREET ADDRESS PARKER, POLLARD, BROWN 5511 STAPLES MILL R
CITY-ST-ZIP RICHMOND VA ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 312 St. David's Lane
4.4 CITY-ST-ZIP Richmond, VA 23221

TITLE D
NAME JOHNSON, JULIAN
STREET ADDRESS 2571 CHAIN BRIDGE ROAD
CITY-ST-ZIP VIENNA VA 22181 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME MARTIN, CECIL
STREET ADDRESS 9717 OLD COUNTRY TRACE
CITY-ST-ZIP RICHMOND VA 23233 ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

James M. Cardle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96
Date

407/351-0966
Deputy Phone #

CR2E034 (12/95)