

**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**

3. Date Incorporated or Qualified **05/09/1989** 3a. Date of Last Report **03/07/1995**  
4. FEI Number **59-2945501** Applied For Not Applicable  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCARDLE, JAMES M.	
STREET ADDRESS	4606 WOODLANDS VILLAGE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCARDLE, CRISTINA S.	
STREET ADDRESS	4606 WOODLANDS VILLAGE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUGFORD, ED W.	
STREET ADDRESS	ROYAL OLDSMOBILE, 83200 W. BROAD STREET	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOX, PAUL	
STREET ADDRESS	PARKER, POLLARD, BROWN 5511 STAPLES MILL R	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JULIAN	
STREET ADDRESS	2571 CHAIN BRIDGE ROAD	
CITY-ST-ZIP	VIENNA VA 22181	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, CECIL	
STREET ADDRESS	9717 OLD COUNTRY TRACE	
CITY-ST-ZIP	RICHMOND VA 23233	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	312 St. David's Lane
4.4 CITY-ST-ZIP	Richmond, VA 23221
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	

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 if changed, or on an attachment with an address.

SIGNATURE: *James M. Cardle* 4-16-96 407/351-0966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Depon Phone #

CR2E034 (12/95)