

**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 # K87392 (2)**

1. Corporation Name  
**CHC PUBLICATIONS, INC.**



Principal Place of Business  
**777 CARPENTER'S WAY  
LAKELAND FL 33809-3921**

Mailing Address  
**P.O. BOX 95020  
LAKELAND FL 33809-3921  
US**

3. Date Incorporated or Qualified  
**05/11/1989**

3a. Date of Last Report  
**03/14/1995**

4. FEI Number  
**59-3139854**

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	28	Country
24	Country	29	Zip
25		30	Country

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

**PEREZ, JOSEPH A.  
777 CARPENTER'S WAY  
LAKELAND FL**

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, MALLORY</b>	
STREET ADDRESS	<b>707 CAPENTER'S WAY #43</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GROTHE, ERNIE</b>	
STREET ADDRESS	<b>4112 STAFFORDSHIRE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>INGLIS, DAVID</b>	
STREET ADDRESS	<b>707 CARPENTER'S WAY</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>STRADER, KARL</b>	
STREET ADDRESS	<b>777 CARPENTER'S WAY</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>PEREZ, J. A.</b>	
STREET ADDRESS	<b>777 CARPENTER'S WAY</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D</b>
2.3 STREET ADDRESS	<b>Jody Willis</b>
2.4 CITY-ST-ZIP	<b>1612 Williams Rd. Plant City, FL 33566</b>
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	

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:**

*Joseph A. Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

941-859-1477 x320

Date

Daytime Phone #

CR2E034 (12/95)