

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L29821** (0)

1. Corporation Name
ARROW PUBLISHING, INC.



Principal Place of Business
**1890 SW CRANE CREEK AVE.
PALM CITY FL 34990
US**

Mailing Address
**PO BOX 620 NA
PALM CITY FL 34990
US**

3. Date Incorporated or Qualified **11/13/1989** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0159782** Applied For Not Applicable

5. Certificate of Status Declared **\$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 **46 SW RIVERWAY BLVD.**
State, Apt. #, etc.
22
City & State
23
Zip County
24 25
2a. Mailing Address
26 **SAME**
State, Apt. #, etc.
27
City & State
28
Zip County
29 30

9. Name and Address of Current Registered Agent
**SPEARS, DORIS H.
1800 SW CRANE CREEK AVENUE
PALM CITY FL 34990**

10. Name and Address of New Registered Agent
81 Name **RICHARD A. SPEARS**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **46 SW RIVERWAY BLVD.**
84 City **PALM CITY** FL 85 Zip Code **34990**

11. Pursuant to the provisions of Sections 607.0502 and 607.1805, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, located 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 obligation of, the fee of \$7,050.00, Florida Statutes.

SIGNATURE *Richard A. Spears* 3/18/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SPEARS, DORIS H.	
STREET ADDRESS	1800 SW CRANE CREEK AVE.	
CITY-STATE-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEARS, RICHARD A.	
STREET ADDRESS	1800 SW CRANE CREEK AVE.	
CITY-STATE-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	46 SW RIVERWAY BLVD.	
14 CITY-STATE-ZIP		
15 NAME	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME		
17 STREET ADDRESS	46 SW RIVERWAY BLVD.	
18 CITY-STATE-ZIP		
19 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-STATE-ZIP		
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-STATE-ZIP		
27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-STATE-ZIP		

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***200.00

14. I do hereby certify that the information supplied with this filing is true, correct, and does not qualify for the exemption stated in Section 119.07(3)(g) 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 or powers for exercise of the 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: *Doris H. Spears* SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR **DORIS H. SPEARS 2-28-96 407-283-9362**

CR2E034 (12/95)