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FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L41603 (6)  
1. Corporation Name

BANCROFT-SAGE PUBLISHING, INC.

Principal Place of Business

Mailing Address

601 Elcam Circle,  
Suite B-16  
Marco Island, FL 34145

P O Box 355  
Marco Island, FL 34146

2. Principal Place of Business

2a. Mailing Address

21 601 Elcam Circle,

25 P O Box 355

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B-16

27

City & State

City & State

23 Marco Island, FL

28 Marco Island, FL 34146

Zip

Country

Zip

Country

24 34145

25 USA

29 34146

30 USA

3. Date Incorporated or Qualified

01-08-1990

3a. Date of Last Report

4-29-96

4. FEI Number

65-0173475

Approved For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jacobsen, Karyne  
164 Starfish Ct.  
Marco Island, FL 34145

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 Karyne Jacobsen

(NOTE: Registered Agent signature required when reinstating)

4-24-97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME Jacobson, Karyne  
STREET ADDRESS 164 Starfish Ct.  
CITY-STATE-ZIP Marco Island, FL 34145

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME Kirk, James E.  
STREET ADDRESS 164 Starfish Ct.  
CITY-STATE-ZIP Marco Island, FL 34145

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME Jacobson, Karyne  
STREET ADDRESS 164 Starfish Ct.  
CITY-STATE-ZIP Marco Island, FL 34145

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Karyne Jacobsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941/642-5600 4-24-97

Date Day/Mo/Year

CR2E034 (9/96)