FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # L4592 (NES PUBLICATIONS, INC			2 (being): Six 4 (6): Alle Alle (6): Black	(*************************************
Principal Place of Business Mailing Address 740 VIA MILAND CIRCLE 740 VIA MILAND CIRCLE APOPKA FL 32712 APOPKA FL 32712 US US					
				3. Date Incorporated or Qualified 3 01/24/1990	Date of Last Report 08/07/1996
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3000018	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional	
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation has liability for intar	
24	25 9. Name and Address of Curi	29 ant Registered Agent	[30]	Florida Statutes Ye 10. Name and Address of New Regist	es No ered Agent
WER	iner, emil		81 Name		
740 VIA MILAND CIRCLE APOPKA FL 32712			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
			83		
			63		
			84 City		FL 85 Zip Code
11. Pursuant office or nagent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607,1508, Florida Statute of Florida Such change was igations of, Section 607.0505, F	utes, the above-named cor authorized by the corpora forlda Statutes.	poration submits this statement for the purpition's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
SIGNATURE	Signature, typed or profit diname of registered	arrent and title if anolinable (NC	OTE: Registered Agent signature requ	olired when reinstation)	ATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Werner, Emil 740 via Miland Circl		1.2 NAME		
STREET ADDRESS S CHY-ST-ZIP	APOPKA FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
Title	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ACCORESS			2.3 STREET ADDRESS		
CITY - S1 - ZIP		DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE NAME		[] Derest	3 1 TITLE 3.2 NAME		C) cyange (C) Austron
STREET ACORESS			3.3 STREET ADDRESS		
City-St-ZiP			3.4. CITY-ST-ZIP		:
TITLE		☐ DELETE	4.1 TITLE	1000	Change Addition
NAME	!		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAMÉ		[] Deter	5.1 TITLE 5.2 NAME		FT custifie FT variation
STREET ADORESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-SI-ZF			5.4 CITY-81-ZIP		
THLE)	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		ĺ
City-S1-ZIP		P. J. 31 M. 192	6.4 CITY-ST-ZIP		
14. I do herel informatio I am an o	by certify that the information support indicated on this and tal report of the corporation.	ned with this tiling does not qua ir supplemental annual report is or the receiver or trustee empt	ility for the exemption state true and accurate and the execute this repo in the true true this repo	rd in Section 119.07(3)(i), Florida Statutes. I at my signature shall have the same legal eff ort as required by Chapter 607, Florida Statu	ect as if made under oath; that tes; and that my name