SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT

* CORPORATION

ANNUAL REPORT

1997

4



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L57052

(7)

KOSKI & ROBERTS PUBLICATION DESIGN, INC.

Principal Place of Business

Mailing Address

PB 1

FILED

97 AUG -8 PM 1: 40

SEGRETART GESTATE TALLAHASSEE, FLORIDA



823 THOMASVILLE ROAD TALLAHASSEE FL 32303			823 THOMASVILLE ROAD TALLAHASSEE FL 32303		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	3a. Date of Last Report
					03/09/1990	03/20/1996
2. Principal Pl	ace of Business	2a, Mailing Address			4, FEI Number	Applied For
21		26			59-3003049 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	,	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		This corporation owes or has pail Personal Property Tax due June	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	gistered Agent
KO:	SKI, JOHN M		81	Name		
823	THOMASVILLE RD LAHASSEE FL 32303		82	Street Address (P.O. Box Number is Not Acceptable)		
ins	MARKARE IF ARAM		63			
			64	City		FL 85 Zip Code
office or re	o the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the obl	ite of Florida. Such change was	authorized by	/ the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered
	Signature, typed or printed name of registered a	agent and title if applicable. (NC	DTE: Registered Age	ent signature requ	ired when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PS .	☐ DELETE	1.1 TITLE			Change Addition
NAME	KOSKI, JOHN M		1.2 NAME		9000022651738	
STREET ADDRESS			1.3 STREET	ADDRESS	-08/12/9701095005 ****165.00 ****165.00	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-5	I-ZIP		.00 ****165.00
TITLE	VT	☐ DELETE	2.1 TITLE			Change Addition
NAME	ROBERTS, LORI D		2.2 NAME			
STREET ADDRESS	3423 THRESHER DR.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-	ST-ZIP		
TITLE ,		☐ DELETE	3.1 TITLE			Change Addition
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY*ST-ZIP			3.4. CITY-	ST-ZIP		
TATLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	·	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-S	I-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5.4 CITY - S	i - ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			VM
STREET ADDRESS			6.3 STREET	ADDRESS		(XXII)
CITY_ST_7IP			6.4 PiTVLS	T. 7ID		/1 7 //

14. If 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 amual report is true and accurate and that my signature shall have the same legal effect as if made enter oath; that I am an officer or director of the corporation of the receiver of truster 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 attackment with an address.

CR2E034 (4/97



Rapido DESIGN& IMAGESETTING

August 5, 1997

Division of Corp.

Annual Report Section
P.O. Box 1500

Tallahassee, FL 32302-1500

Re: Document L57052 (7)

Mr. Andy Dunlap,

We have received a 2nd Notice for the above referenced document. We are contesting the late fee based on the fact we never received the original notice. Per your conversation, I am enclosing a check for the original amount of \$165.00.

Thank you for your time and consideration. If I can be of further assistance, please call.

Sincerely,

Donna Dunn Office Manager



823 THOMASVILLE ROAD TALLAHASSEE, FL 32303 904 222 7778 904 222 3136 FAX 904 224 4707