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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L94620

(6)

PREMIER PUBLISHING CORPORATION

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Principal Place of Business Mailing Address									3 immlitete Eite eferei filmit Martin altere d	1811 A1811 A1811	#1#IL #1#IL #1#II 1	61611 16 61
1237 SANDCASTLE RD SANIBEL ISLAND FL 33957				1237 SANDCASTLE RD SANIBEL ISLAND FL 33957-3618								
									3. Date Incorporated or Qualifie 08/17/1990		Date of Last R /20/1996	eport
2. Principal	Place of Busin	ness	20	2a. Mailing Address					4. FEI Number Applied For			
21				26					65-0220434 Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Certificate of Status Desired Status Desired Fee Required Fee Required			
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country				Zip Cou			ntry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25			29 30					Florida Statutes Yes No			
	9. Name	stered Agent	1				10. Name and Address of New Registered Agent					
	gee, karei					81	Nai	ne				
1237 SANDCASTLE RD SANIBEL ISLAND FL 33957						62	Stre	et Address (P.O. Box Number is Not Acceptable)				
						83						
						84	City			FI	L _	Code
office or	registered ac	sions of Sections 607 gent, or both, in the S ith, and accept the G	State of Flor	rida. Such cha	ange was au	thorized by	/ the :	ned corpo corporation	pration submits this statement for the on's board of directors. I hereby ac	ne purpose scept the ap	of changing It opointment as	ts registered registered
SIGNATURE												
 	Signature types	For printed name of register			(NOTE: 1		ent sign	ature require	d when reinstating)	DATE		
12.	В	OFFICERS	S AND DIRE		DELETE	13.			ADDITIONS/CHANGES TO O	FFICEHS AI	Change	Addition
TITLE	MCGEE,	MADEM		L.J	Deterie	1.1 TITLE					L Change	I''' Vagilion
NAME	4007 044	NDCASTLE RD				1.2 NAME						
STREET ADDRESS		ISLAND FL				1.3 STREET		SS				I
CITY-ST-ZIP TITLE	D	JOLAND I'L			DELETE	1.4 CITY-S 2.1 TITLE	51 - ZIP				Change	Addition
NAME	MCGEE,	KAREN		-	DETECT	2.1 MAME		ŀ	`		L Cridings	Addition
STREET ADDRESS	4007 041	NDCASTLE RD				2.3 STREET	. ADDO					
1		ISLAND FL				2.4 CITY-		35				
CITY-ST-ZIP TITLE	- WINCE	,			DELETE	3.1 TITLE	יום בור				☐ Change	Addition
NAME				•	•	3.2 NAME						
STREET ADDRESS	s					3.3 STREE	ADDRI	ess				
CITY-ST-ZIP						3.4. CITY-						
TITLE					DELETE	4.1 TITLE					Change	Addition
NAME						4. 2 NAME						
STREET ADDRESS	s					4.3 STREE	r àddri	SS				
CITY-ST-ZIP						4.4 CITY-1	ST-ZIP					
TITLE					DELETE	5.1 TITLE					Change	Addition
NAME						52 NAME						
STREET ADDRESS	s l					5 3 STREE	r adda	SS				
CITY - ST - 7/P						5.4 CITY-1	ST-ZIP					
TITLE					DELETE	61 TITLE					Change	Addition
NAME						6.2 NAME						
STREET ADDRESS	S					6.3 STREE	T ADDR	SS				
1	4					1		1				

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 Brock 12 or Block 13 if changed, or on an attachment with an address.