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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M47464** **(6)**

1. Corporation Name
M.R.V. PUBLISHING, INC.

Principal Place of Business	Mailing Address
1043 HILLSBORO MILE. #17C HILLSBORO BEACH FL 33062 US	1043 HILLSBORO MILE. #17C HILLSBORO BEACH FL 33062-2109 US

3. Date Incorporated or Qualified: 03/02/1987
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business
21: 4234 MAURICE DR
22 Suite, Apt. #, etc.: DELRAY BEACH FL
23 City & State:
24 Zip: 33445 25 Country:

2a. Mailing Address
26: 4234 MAURICE DR
27 Suite, Apt. #, etc.:
28 City & State: DELRAY BCH. FL
29 Zip: 33445 30 Country:

4. FEI Number: 59-2778820 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

9. Name and Address of Current Registered Agent

VICKERS, MARY R
1043 HILLSBORO MILE, #17C
HOLLSBORO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: MARY VICKERS
82 Street Address (P.O. Box Number is Not Acceptable): 4234 MAURICE DRIVE
83
84 City: DELRAY BEACH FL 85 Zip Code: 33445

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: Mary Vickers MARY VICKERS 2/19/97
Signature of, and typed or printed name of, registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VICKERS, MARY R. 1043 HILLSBORO NILE 317C HILLSBORO BEACH = FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP VICKERS MARY R. 4234 MAURICE DR DELRAY BEACH, FL 33445	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS VICKERS, RONALD 51 S.E. 1ST AVE. BOCA RATON FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Mary Vickers MARY VICKERS 2/19/97 561-637-4078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #