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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M75712

(3)

PRINT MONITOR RESEARCH, INC.

FILED										
May 09 1997 8:00am	1									
Secretary of State										

Principal Place 4492 SOUTHSII JACKSONVILLE	DE BLVD	Mailing Address PO BOX 1616 PONTE VEDRA FL 32004-1616 US							
		••				3. Date Incorporated or Qualified 04/07/1988		le of Last Ro 1/1996	pporl
2, Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<u></u>		plied For
21		26				59-2883357			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #. etc.				5. Certificate of Status Desired		<b>\$8.75</b> A Feo Re	
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zıp	Country	Zip	Co	untry	,	8. This corporation has hability for i	intangible 1	lax under s.	199.032
24	25	29	30				] Yes [		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
BAILIE, CATHERINE M. 4494 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32216				81 82 83	Name Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
				84	City		FL	<b>85</b> Zip (	Sode
office or r	to the provisions of Sections 607.030 ogistered agent, or both, in the State of familiar with, and accept the oblig signature, breed or ported name of registered ag	e of Florida. Such change wa ations of, Section 607.0505,	s authorize Florida Sta	ed by atute:	y the corporat s.	oration submits this statement for the pion's board of directors. I hereby accepted when reinstating	ourpose of ot the appo	changing its introduct as	s registered registered
12.		ID DIRECTORS	1 13			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	D	DELFTE		IPLE	T			☐ Charige	Addition
NAME	BAILIE, CATHERINE M.		1.21	NAME				•	
STREET ADDRESS	4492 SOUTHSIDE BLVD		1.3	STREET	ADDRESS				
CiTY-ST-ZIP	JACKSONVILLE FL			OHY-S	!				
TITLE		DELETE		IIILE				Change	Addition
NAME			221	MAN	ľ				
STREET ADDRESS			2.3	STREET	ADDRESS				
CITY-ST-ZIP			2.4	DITY-	S1 - 7/P				İ
TITLE .		DELETE		MLF				☐ Change	Addition
NAME			3.2	NAME					
STREET ADDRESS			33	STREET	ADDRESS				
CITY-ST-ZIP			34.	CITY-	ST - 7iP				
TITLE		DELETE		ITLE				Change	Addition
NAME				NAME				-	
STREET ADDRESS					ADDRESS				1

14. Ido 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 supplience that annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 3 if changed, or on an attachment with an address.

4,4 CITY - ST- ZIP

5.3 STREET ADDRESS

5 4 C(TY - ST - Z(P

5.1 11116

5.2 NAME

61 1111

6.2 NAME

SIGNATURE: 1/

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-\$1-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

1 Ricarlio

DELETE

DETETE

Alar/9- 8046464200

Change

Change

Addition

Addition