

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000001517 (0)**
1. Corporation Name
NARROW GATE PUBLICATIONS, INC.



Principal Place of Business: **5256 NW 1ST AVE FT LAUDERDALE FL 33309**
Mailing Address: **POST OFFICE BOX 562 DANIA FL 33004-0562**

3. Date Incorporated or Qualified: **03/28/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 **5256 NW 1 AVE.**
22 Suite, Apt. #, etc.
23 **Ft. Lauderdale FL**
24 **33309**
25 **Broward**
26 **5256 NW 1 AVE**
27 Suite, Apt. #, etc.
28 **Ft. Lauderdale FL**
29 **33309**
30 **Broward**

4. FEI Number: **65-0571248**
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
**SMITH, SANDRA J
10 SE 12TH STREET
DANIA FL 33004**

10. Name and Address of New Registered Agent
81 Name: **SMITH, SANDRA J.**
82 Street Address (P.O. Box Number is Not Acceptable): **5256 NW 1 AVE.**
83
84 City: **Ft. Lauderdale** FL 85 Zip Code: **33309**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **SANDRA J. SMITH** (Signature) **4-26-96** (Date)
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT (D) (O) <input type="checkbox"/> DELETE
NAME	SANDRA J. SMITH
STREET ADDRESS	5256 NW 1 AVE.
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	Vice-President (D) (O) <input type="checkbox"/> DELETE
NAME	JANET L. HAMLIN
STREET ADDRESS	5256 NW 1 AVE.
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ANNITA KELLY
13 STREET ADDRESS	121 SE 3 AVE., #405
14 CITY-ST-ZIP	DANIA, FL 33004
21 TITLE	DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VIOLA PRYDE
23 STREET ADDRESS	121 SE 3 AVE., #405
24 CITY-ST-ZIP	DANIA, FL 33004
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	500001882685
53 STREET ADDRESS	-07/03/96--01018--024
54 CITY-ST-ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Sandra J. Smith** (Signature) **4-26-96** (Date) **954-776-4042** (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SANDRA J. SMITH**

CR2E037 (12/95)