


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001867 (8)					
1. Corporation Name ASSOCIATION OF PROFESSIONAL BROCHURE DISTRIBUTOR S, INC.					
Principal Place of Business 4191 DAIRY COURT PORT ORANGE FL 32127		Mailing Address P.O. BOX 7237 DAYTONA BEACH FL 32116			
2. Principal Place of Business 21 111 REED RD Suite, Apt. #, etc. 22 City & State 23 ABSECON NJ Zip Country 24 08201 25		2a. Mailing Address 26 111 REED RD Suite, Apt. #, etc. 27 City & State 28 ABSECON NJ Zip Country 29 08201 30		3. Date Incorporated or Qualified 04/08/1996 4. FEI Number 58-1455484 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCDONOUGH, TERRY D 4191 DAIRY COURT PORT ORANGE FL 32127			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 Signature, 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 PD <input type="checkbox"/> DELETE NAME HOSSETTER, DAVID STREET ADDRESS 900 HOUSTON NORTHCUTT BLVD. #P CITY-ST-ZIP MT. PLEASANT NC 29464			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE TD <input checked="" type="checkbox"/> DELETE NAME MCDONOUGH, TERRY D STREET ADDRESS 4191 DAIRY CT. CITY-ST-ZIP PORT ORANGE FL 32127			2.1 TITLE TREASURER TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME HENRY GOLDSMITH 2.3 STREET ADDRESS 111 REED RD. 2.4 CITY-ST-ZIP ABSECON NJ 08201-2104		
TITLE SD <input type="checkbox"/> DELETE NAME KAUFMAN, MARK STREET ADDRESS 420 FAIRFIELD AVE. CITY-ST-ZIP STAMFORD CT 06902			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: HENRY GOLDSMITH TREASURER 7/27/98 (609) 645-3292 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (5/98)