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May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003198 (6)

1. Corporation Name

RUSSIAN RESOURCES PRESS, INC.



Principal Place of Business

Mailing Address

1500 EAST JOHNSON AVENUE
STE 123
PENSACOLA FL 325141500 EAST JOHNSON AVENUE
STE 123
PENSACOLA FL 32514-48623. Date Incorporated or Qualified
06/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASKIN, GEORGE W
1500 EAST JOHNSON AVENUE
STE 123
PENSACOLA FL 32514

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 D ☐ DELETE
NAME BASKIN, GEORGE W
STREET ADDRESS 1500 EAST JOHNSON AVENUE #123
CITY-ST-ZIP PENSACOLA FL 325141.1 TITLE D ☐ Change ☒ Addition
1.2 NAME ARRIEVA, LAURA
1.3 STREET ADDRESS 715 SW 102
1.4 CITY-ST-ZIP OKLA CITY OK 73139TITLE D ☐ DELETE
NAME FEW, JIMMIE
STREET ADDRESS POST OFFICE BOX 8588
CITY-ST-ZIP MOBILE AL 366082.1 TITLE D ☐ Change ☒ Addition
2.2 NAME TURNER, ROBERT
2.3 STREET ADDRESS 2290 DUPONT DR
2.4 CITY-ST-ZIP PENSACOLA FL 32503TITLE D ☐ DELETE
NAME PIERSON, ROBERT DR.
STREET ADDRESS 3515 SO HARVARD AVENUE
CITY-ST-ZIP TULSA OK 741353.1 TITLE D ☐ Change ☒ Addition
3.2 NAME SECKL, CAROL ANN
3.3 STREET ADDRESS 4600 ABBOTT RD
3.4 CITY-ST-ZIP ANCHORAGE AK 99507TITLE D ☐ DELETE
NAME LABRANCHE, MARK DR
STREET ADDRESS POST OFFICE BOX 242047
CITY-ST-ZIP MONTGOMERY AL 36124-02474.1 TITLE ☒ Change ☐ Addition
4.2 NAME ODEN, BISHOP WILLIAM B
4.3 STREET ADDRESS BOX 8127 3300 MOCKING BIRD
4.4 CITY-ST-ZIP DALLAS TX 75205-0127TITLE D ☐ DELETE
NAME ODEN, WILLIAM B
STREET ADDRESS 527 NORTH BOULEVARD
CITY-ST-ZIP BATON ROUGE LA 70802-52705.1 TITLE D ☐ Change ☒ Addition
5.2 NAME ELLIOTT, DA. MARK
5.3 STREET ADDRESS 221 S WILLISTON ST
5.4 CITY-ST-ZIP WHEATON IL 60187TITLE D ☐ DELETE
NAME KENT, BRIAN C REV.
STREET ADDRESS POST OFFICE BOX 602
CITY-ST-ZIP MURRIETA CA 925646.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073106

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