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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N96000004444 (3)

Applied For Survey Survey State Su	OLIVIA	A PUBLICATIONS, INC.						
ST. PETERSBURG FL 33703-3420 2. Principal Place of Business 2. Majling Address 2. Majling Address 2. Majling Address 2. Sulle, Apt. #. etc. 2. Country 2. D 2. Country 2. D 2. Country 3. Description of Status Desired 5. Sulle Additional Fee Required 5. Sulle, Apt. #. etc. 2. Country 2. D 2. Country 2. D 2. Country 3. Name and Address of Current Registered Agent POLING, JANET E 2. D 2. Sulle, Apt. #. etc. 3. Name and Address of New Registered Agent 4. Name and Address of New Registered Agent 4. Name and Address of New Registered Agent 4. Sulley 4. City FL 4. Sulley 4. City FL 4. Sulley 5. Code 11. Pre-Saurt to the processing of Sections 57 SECEON 617, 550, Florida Statutes, the address (P.O. Box Number is Not Acceptable) 5. Code 11. Pre-Saurt to the processing of Sections 67 SECEON 617, 550, Florida Statutes, the address and the address of New Registered Agent 4. City FL 4. Sulley 6. Election Campaign Florancing 5. 00 Name and Address of New Registered Agent 4. Sulley 4. City FL 4. Sulley 6. Election Campaign Florancing 5. 00 Name and Address of New Registered Agent 5. The address of New Registered Agent 5. Doctor 11. Pre-Saurt to the processing of Sections 67 SECEON 617, 550, Florida Statutes, the adversaries and the address of New Registered Agent 5. Country 6. Election Campaign Florancing 5. Doctor 6. Election Campaign Florancing 6. Election Campaign Florancing 6. Election Campaign Florancing 6. Section Campaign Florancing 6. Election Campaign Florancing 6. Election Cam	Principal Place of Business Mailing Address					{	HIT BRIEF DIRIT DIRIT BIRTH BIRT 1981	
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Suito Apt. #, etc.						3. Date Incorporated or Qualified 3a. 08/23/1996	Date of Last Report	
Solito, Apt. M. etc.	2. Principal	Place of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	FEI Number	Applied For	
Suite, Apt #, etc. 27 City & State 28 City & State 28 City & State 28 City & State 28 City & State 29 Country 29 Country 29 Country 29 Country 30 S. The corporation has liability for intergolist part under a 199 032, Picrotal Statutes 01 Wes 120 No	21		26			59-3411652	Not Applicable	
Zp	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	·		
Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Zip Country Zip	City & Sta					8. Election Campaign Financing	\$5.00 May Be	
28		3 28				Trust Fund Contribution		
9. Name and Address of Current Registered Agent POLING, JANET E 2072 HAWAII AVENUE NORTHEAST ST. PETERSBURG FL 33703-3420 11. Pursuant to the provisions of Sections 617 0502 and 817,1506, Florida Statutes, the above-named corporation submits this atternent for the purpose of changing its registered office of registered agent, or both, in the State of Florida Such oberings was authorized by the corporations ubmits this atternent for the purpose of changing its registered object of registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this atternent for the purpose of changing its registered office of registered agent and set all applicable points and accept the obligations of, Section 617,0003, Florida Statutes, the above-named corporations board of directors. I hereby accept the applicable points of tenders and set applicable points and sections are gistered agent. SIGNATURE Signature registered agent. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE PD DELETE 13. Inter PD Change Addition	Zip	Zip Country Zip		Country				
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POLING, JANET E 2072 HAWAII AVENUE NORTHEAST ST. PETERSBURG FL 33703-3420 *** *** *** *** *** *** ** **	ļ 	9. Name and Address of Cui	rrent Registered Agent		l Name -	10. Name and Address of New Register	red Agent	
2072 HAWAII AVENUE NORTHEAST ST. PETERSBURG FL 33703-3420 83 84				01	Name			
ST. PETERSBURG FL 33703-3420 Sa				82	Street Add	Address (P.O. Box Number is Not Acceptable)		
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TILL PUTSUARY To the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purposes of changing its registered office or registered agent, or both, in the State of Florida. Such change was author/zed by the corporation's board of directors. I hereby accept the appointment as registered agent arm familiar with, and accept the obligations of, section 617.0503. Florida Statutes. SIGNATURE Text	ST. PE	TERSBURG FL 33703-3420		. 63	1			
11. Pursuant to the provisions of Sections 617.0502 and 617.1509. Reprile Statutes, the above-named corporation automits this statement for the purpose of changing its registered office or registered registered agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes. SIGNATURE SIGNATURE Signature typed or printed name of registered agent and title if applicable PO RIBAL, GILBERT J SIRET ADDRESS CITY-ST-2P ST. PETERSBURG FL 33703 DELETE TITLE POLING RIBAL, LINDA LEE STREET ADDRESS CITY-ST-2P ST. PETERSBURG FL 33703 DELETE ST. PETERSBURG FL 33703-3420 DELETE ST. PETERSBURG FL 33703				84	City		85 Zip Code	
SIGNATURE Signature liquid or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstationg) DATE	<u></u>				<u> </u>			
Squirum typed or printed rame of registered signert and title if applicable (NOTE: Registered Application (NOTE: Registered Application) DATE	office or agent. I	it to the provisions of Sections 617.9 r registered agent, or both, in the S am familiar with, and accept the ob-	usuz and 617.1508, Florida Statut tate of Florida. Such change was a bligations of, Section 617.0503, Florida	euthorized b orida Statute	y the corpora s.	poration's board of directors. I hereby accept the	appointment as registered	
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FILED May 08 1997 8:00am Secretary of State

14. Ido hereby certify that the information supplied with this filing does not qualify for the examption 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.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone # 0049986