F E	NOW: FILING FEE	AFT ? MAY 1	ST IS	\$550.00)		•		
WR	FLORIDA I	FLORIDA DEPARTMENT OF STATE] FILED			
CORPORATION		Sandra B. Mortham							
ANNUAL REPORT 1998:		Secretary of State DIVISION OF CORPORATIONS			98 OCT 23 FH 2: 38				
DOCUMENT # P D6 28 1. Corporation Name				" _ ,		GECTIETARY OF STATE TALLAHASSEE, FLORIDA			
THE WAIL STREET DIGEST INC.							I/">lenin	±2 14 (/*14.7.J±4mg	t agriss) (
Principal Place of Business Mailing Address ONE, SARASOTA TOWER#602 SAME									
2 NORTH TAMIAMI TRAIL						DO NOT WRITE IN THIS SPACE			
SARASOTA FL 34236						3. Date incorporated or Qualified 8/16/1989			
2. Principal Pt 21 SANE	ace of Business	2a. Mailing Address				4. FEI Number 22-23			Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.	·			5. Certificate	of Status Desire	ed [\$8.75 Additional Fee Required
City & State		City & State					mpaign Financi	ing [7	\$5.00 May Be
Zip	Country	Zip	Co	ountry				as paid the com	Added to Fees ent year Intangible
24	25	29	30	-	- ·	Personal P	roperty Tax due	June 30.	res No
DONALD	Name and Address of Current	Registered Agent	1	81 SAM		10. Name and	Address of Nev	v Registered A	gent
	_	-				ss (P.O. Box Nu	mber is Not Acc	eptable)	
	ASOTA TOWER #	602		83		·			
	TAMIAMI TRAIL			84 City				[8	5 Zip Code
SARASOT	A FL 34236 the provisions of Sections 607.05	502 and 507 1508 Elected	- 64-4-4	1 1			- 14 - 45 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- FL	1 1
registered of	flice or registered agent, or both,	in the State of Florida. S	uch chan	ge was autho	rized by	the corporation	's board of direct	ent for the purpo ctors. I hereby a	se of changing its scept the
SIGNATURE_	as registered agent. I am familia	ir with, and accept the of	oligations	ot, Section 6	07.0505	, Florida Statute	s.		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen						ent signature required when reinstating) DATE			
12.	OFFICERS AND D		13.		. A	DDITIONS/CHA	INGES TO OFF		RECTORS IN 12
TITLE NAME	DONALD H. ROWE	DELETE	1.1 TITLE					Change	Addition
STREET ADDRESS	3308 SABAL COT			ET ADDRESS	124	11 Gulf	of Mex	ico Dr	#105
CITY - ST - ZIP	LONGBOAT KEY	FL 34228	1,4 CITY	-ST - ZIP					
TITLE	VDS PATRICIA ROWE	X DELETE	2.1 TITLE					Change	# 105 Addition Addition
NAME STREET ADDRESS	3308 SABAL COV	Æ LANE	2.2 NAME 2.3 STRE	ET ADDRESS			800	0026	30498-
CITY - ST - ZIP	LONGBOAT KEY	FL		- ST - ZIP			•	-11/04/98	301076012
TITLE		DELETE	3.1 TITLE					**************************************	Addition Addition
name Street Address			3.2 NAME				2000	_ 10289	30498-
STREET AUURESS			3.4 CITY	ET ADDRESS - ST - ZIP			**************************************	11/04/98	:0107601 3
TILE		DELETE	4.1 TITLE					* Change	00 ****150.
IAME			4,2 NAME						
STREET ADORESS STY _E - ST - ZIP			4,3 STRE 4,4 CITY	ET ADDRESS					
m.		DELETE	5.1 TITLE		•			Change	Addition
ANE			5.2 NAME					La criaige	
TEET ADDRESS			1	ET ADDRESS					
TTY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	□ nei ere	5.4 CITY -						
IAME		☐ DELETE	6.1 TITLE 6.2 NAME					Change	Addition 1
TREET ADDRESS			6.3 STREET ADDRESS						10
ATY - ST - ZIP	he that the Information accounts of the	ith this files does not	6.4 CITY -		-4-4-11	. 6	7m) (3 F1 - 1 - 2	Mandan 15:31]
information in	fy that the information supplied wanted	supplemental annual rep	ort/is true	and accurate	and the	at my signature	shall have the s	ame legal effect	as if made under
oath; that I ar	n an officer or director of the cor lears in Block 12 or Block 13 if c	oration or the reteiver o	r frustee e	empowered to	execut	e this report as	required by Cha	pter 607, Florida	a Statutes; and that
SIGNATU	RE:	YN Y		<u> </u>		~ 9	128191	8 941	-954-5500
	CICNATURE AND TYPES O	P OPINTED NAME OF SICE	UNIO OFFI			<u>_</u>	· · · · · · · · · · · · · · · · · · ·	5 4 5	

STF FL32381F 1