**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90072 006 \*\*\*150.00

## 

DOCUMENT	#	P2641	16
1 Compretion Name			. ~

INTRA-SOUTH PUBLICATIONS, INC.

Principal Place of Business 4014 GREEN TREE AVENUE

SARASOTA FL 34233

Mailing Address

**4014 GREEN TREE AVENUE** SARASOTA FL 34233

3. Date Incorporated or Qualifed 10/11/1989 4 FEI Number

2. Principal Pl	cipal Place of Business 2a. Mailing Address		4. FEI Number	Ap	plied For			
21		26		59-1670865	No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional	1 :
22		27			5. Certifcate of Status Desired	Fee Re	equired	] :
City & State	3	City & State			6 Election Campaign Financing	-\$5.00	May Be⇒≕	
23		28			Trust Fund Contribution	Added t		
Zip	Country	Zip	Counti	у	8. This corporation owes the current year In	tangible		<i>'</i>
24	25	29 30			Personal Property Tax.			١,
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered	Agent			
			8	1 Name				
BENDER, PHILIP M.		1	20 Object Address (D.O. Boy Murches in Net Assestable)					
809 MYRTLE AVE		82 Street Address (P.O. Box Number is Not Acceptable)						
VENIOR EL AZONA		8	3					
			<u> </u>	.]				1
			8	6 City	FL	85 Zip (	Code	١,
44 5			the obo	us named some	oration submits this statement for the purpose of	f changing its	registered	
office or re	egistered agent, or both, in the State of	f Florida. Such change was auti	horized b	v the corporatio	on's board of directors. I hereby accept the appo	intment as re	gistered	
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statute	s.				
SIGNATURE		0.477		ent signature required	d when reinstation) DATE		<del></del>	ـ ا
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12	8
12.	PD	DELETE	1,1 TITLE		ADDITIONO, OF MATOES TO OF TOETHOR	Change	Addition	/11/98
	· <del>-</del>	- Detterit	1.2 NAME				_	
NAME	BENDER, PHILIP M.							F034
STREET ADDRESS	4014 GREEN TREE AVENUE			ET ADDRESS				μ
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-			Change	Addition	2
TITLE	STD	☐ DELETE	2.1 TITLE			Change		
NAME	BENDER, KAREN E.		2.2 NAME	1				ļ
STREET ADDRESS	4014 GREEN TREE AVENUE		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34233	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY			<u></u>	=	1
TITLE	D	☐ DELETE	3.1 TITLE	)		Change	Addition	İ
NAME	BENDER, PHILIP MARK.	· · · · · · · · · · · · · · · · · · ·	3.2.NAME					[
STREET ADDRESS	809 MYRTLE AVE		3.3 STRE	ET ADDRESS				l
CITY-ST-ZIP	VENICE FL 34292		3.4, <u>CITY</u>	-ST-ZIP				į
TITLE	•	☐ DELETE	4.1 TITLE		<del></del>	Change	Addition	{
NAME			4, 2 NAM	<b>.</b>				1
STREET ADDRESS			4.3 STRE	ET ADDRESS				ł
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				}
TITLE		DELETE	5.1 TITLE			Change	Addition	}
NAME			5.2 NAME	:				
STREET ADDRESS			5.3 STRE	ET ADDRESS				1
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			'	]
TITLE		DELETE	6.1 TITLE			☐ Change	Addition	1
NAME I			6.2 NAME	.		-		ļ
f			1	ET ADDRESS				
STREET ADDRESS			6.4 CITY-					1
CITY-ST-ZIP			0.9 Oct 11	G1-40				1

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP