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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortharr  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P36020 (6)

1. Corporation Name

CHAIN STORE PUBLISHING CORPORATION

Principal Place of Business

3922 COCONUT PALM DR.  
TAMPA FL 33619  
US

Mailing Address

3922 COCONUT PALM DR  
TAMPA FL 33619  
US



3. Date Incorporated or Qualified  
10/22/1991

3a. Date of Last Report  
03/16/1995

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME FRIEDMAN, J. ROGER

STREET ADDRESS 425 PARK AVENUE

CITY-STATE-ZIP NEW YORK NY

TITLE ASV ☐ DELETE

NAME MURRO, JOHN

STREET ADDRESS 425 PARK AVENUE

CITY-STATE-ZIP NEW YORK NY

TITLE T ☐ DELETE

NAME MINIERI, ROCH

STREET ADDRESS 425 PARK AVENUE

CITY-STATE-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME KELLY, JAMES

STREET ADDRESS 425 PARK AVENUE

CITY-STATE-ZIP NEW YORK NY

TITLE V/D ☐ DELETE

NAME Mills, Daniel J.

STREET ADDRESS 425 Park Avenue

CITY-STATE-ZIP New York, NY 10022

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Murro, John  
425 Park Avenue  
New York, NY 10022

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)