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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000000565 (0)

1. Corporation Name

MEYER FAMILY PUBLICATIONS, INC.

Principal Place of Business

5500 COLLINS AVENUE 801
MIAMI BEACH FL 33140

Mailing Address

5500 COLLINS AVENUE 801
MIAMI BEACH FL 33140-2501

3. Date Incorporated or Qualified
01/04/1993

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

21 *No Change*

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0395953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MEYER, SYLVAN H
5500 COLLINS AVENUE
#901
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

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

Sylvan H. Meyer
Signature (Print or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME MEYER, SYLVAN H
STREET ADDRESS 5500 COLLINS AVENUE 901
CITY-ST-ZIP MIAMI BEACH FL

TITLE V ☐ DELETE
NAME MEYER, JASON B
STREET ADDRESS 8 EGLANTIRE
CITY-ST-ZIP PENNINGTON NJ 08534

TITLE V ☐ DELETE
NAME MEYER, DAVID N II
STREET ADDRESS WARM SPRINGS RD
CITY-ST-ZIP KETCHUM ID

TITLE S ☐ DELETE
NAME RAUZIN, ERICA M
STREET ADDRESS 4535 NAUTILUS CT
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if it changed, or on an attachment with an address.

SIGNATURE:

Sylvan H. Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97
Date

305/868-8081
Daytime Phone #

CR2E034 (9/96)