## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300007390 (6)

COMMUNICATION PUBLISHERS, INC.

Principal Pla	ce of Business	Mailing Address	***************************************			
1101 BELCHE STE. H LARGO FL 34		265 SHORE DR. PALM HARBOR FL US	34683-5445			
US					3. Date Incorporated or Qualified 01/26/1993	3a. Date of Last Report 01/26/1996
2. Principal Place of Business 28. Mailing Address			s		4. FEI Number	Applied For
21		26		59-3163777	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, el	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for	
24	25 9. Name and Address of Curre	29 ant Pagistered Agent	30			Yes M No
OH		ent veðisteisa Västig	8	1 Name	10. Name and Address of New Re	gistered Agent
	Bermann, gale esq. Estige place 1					
2600 MCCORMICK DR., STE. 230			8		Iress (P.O. Box Number is Not Acceptat	ole)
CL	EARWATER FL 34619		8	3		
			8			FL 85 Zip Code
11. Pursuan office or	t to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida te of Florida, Such chance	Statutes, the abo	ve-named cor	poration submits this statement for the pation's board of directors. I bereby access	ourpose of changing its registered
agent I	am familiar with, and accept the obli	gations of, Section 607.05	05, Florida Statut	<b>e</b> \$.	ation's board of directors. I hereby accept	or the appointment as registeres
SIGNATURE	Signature, typed or printed name of registered a		DIOTE for the Land			
12.		ND DIRECTORS	INOTE Registered A	gent signature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
THLE	D	DELE			7100107077777000	Change Addition
NAME	D'AVANZO, JOSEPH		1.2 NAM			
STREET ADDRESS	265 SHORE DR.		1.3 STRE	et address		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY	ST-ZIP		
THUE		DELE	TE 2.1 TITLE			Change Addition
NAMÉ.			2.2 NAM	1		
STREET ADDRESS				ET ADDRESS		:
CHY+S1-ZIP TITLE		DELE		-ST-ZIP		Change Addition
NAMÉ			3.2 NAM			Car School Car reduction
STREET ADDRESS				ET ADDRESS		
CITY+S1-ZIP				-ST-ZIP		
TUTLE		☐ DELE	TE 4.1 THTLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS				et address		
City - St - ZiP Title		DELE	4.4 CITY			Change Addition
NAME		C) DECE	TE 5.1 TITLE 5.2 NAM			Change Addition
STREET ACCIRESS				ET ADDRESS		
City - St - ZiP			5.4 CITY			
TITLE		☐ DELE			***************************************	☐ Change ☐ Addition
NAME			6.2 NAM	[		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
C/TY+ST+ZIP			6.4 CITY	. ST-7IP		

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

**FILED** 

Mar 11 1997 8:00am

Secretary of State