## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P93000011881 (8)

DIEHL PUBLISHING INC.

Principal Place of Business

4720 OAKES RD. 4720 OAKES RD. DAVIE FL 33314				3	3. Date incorporated or Qualified			
	ace of Business	2a. Mailing Address		- 1	I. FEI Number			Applied For
1 7 04 I	The second secon		5W 21 F	7	65-0393507			Vot Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Davie 12.					i. Certificate of Status Desired			Additiona! Required
City & State	•	Oty & State			<ul> <li>Election Campaign Financing Trust Fund Contribution</li> </ul>	\$5.00 May Be Added to Fees		
<sup>Zip</sup> 24 <b>3გვ</b> I"	Country 25 USA	7p 29 <b>333 / 7</b>	Country 30] US	A.		□No		199.032,
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81 N	JI E	HL SUS	SAN		
Diehl, S			<b>82</b> S		P.O. Box Number is Not Acceptab	le)		
	AKES RD.		83	7041	SW 21 P	<u> </u>		
DAVIE F	L 33314							
			<b>84</b> C	DAVI	5	<b>C</b> I		Code
44 Discourant t	to the provisions of Sections 607.050 ed agent, or both in the State of Flo	22 april 607 1609 Elevido Stat			nutryite this statement for the pur	once of char		3317
SIGNATURE _	Signature, typed or printed name of registered age	of and tilk if applicable	NOTE Registered Agent sig	gnature required wher	ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
TITLE	P	DELETE	1. 1 TITLE	··· - 1	e and camera de la división de la decembra de la d La decembra de la división de la decembra de la de		) Change	Addition
NAME	DIEHL, SUSAN		1,2 NAME					
STREET ADDRESS	5032 SW 94 AVENEU		1.3 STREET ACC	DRESS				
CITY-ST-ZIP	COOPER CITY FL		1.4 CHY- ST-ZI	IP.				
TITLE	8	<b>&gt;</b> DELETE	2 1 TITLE				) Change	Addition
NAME	DIEHL, ALLISON		2.2 NAME					
STREET ADDRESS	1651 NE 33RD ST., 39		2.3 STREET ADD					
CITY-S1-ZIP	POMPANO BEACH FL	[7] DELFTE	2.4 CITY-SI-ZI 3.1 TITLE	TP			] Change	Addition
TIILE Name		El percir	3.1 TILLE 3.2 NAME			L	) viidilge	L.J /MORION
STREET ADDRESS			3.3 STREET AD	nner se				
CITY-S1-ZIP			3.4 CHY-SI-Zi	1				
TITLE		[] DELETE	4. 1 TITLE				Change	Addition
NAME		<del></del>	4.2 NAME					
STREET ADDRESS			4.3 STREET ADD	DRESS				
CITY-SI-ZIP			4.4 CITY - ST - 7	np				
THLE		[]] DELETE	5 1 TITLE				) Change	☐ Addition
	1		5.0.11145	1				

64 CITY-S1-ZIP

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 of the receiver or trusted 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

6 1 THEE

6.2 NAME

5.3 STREET ADDRESS 5.4 City-St-ZiP

63 STREET ADDRESS 64 CITY-S1-ZIP

SIGNATURE

STREET ADDRESS

STREET ADDRESS

DITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF PRIVIED NAME OF

SUSAN SING OFFICER OR DIRECTOR

DELETE

Diell

4-29-96

954 4744499

[] Change

Addition

, 7 ... ... . . . . . . . . . . . . .