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

CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000013891 (5)

WESTMINSTER PUBLISHING COMPANY, INC.

Principal Place of Business Mailing Address 7154 UNIVERSITY DR 7154 UNIVERSITY DR STE 270 TAMARAC FL 33321 STE 270 TAMARAC FL 33321-2916 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1993 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0406357 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes No 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **NEMIROV, BERNICE** 7154 UNIVERSITY DR Street Address (P.O. Box Number is Not Acceptable) 82 **STE 270** 83 TAMARAC FL 33321 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE Signature, typed or printed name of registered agent and title diapplicable (NOTE: Bugistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELFTE 1.1 TITLE TITLE **NEMIROV, BERNICE** NAME 1,2 NAME 7154 UNIVERSITY DR STE 270 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 1111.6 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIF DELETE Change Addition 3.1 TITLE TATLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY - ST- ZIP CITY-ST-ZIP DELFTE ☐ Change Addition 41 TILLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE ☐ Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 eath; 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 a

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14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

11.91

**FILED** 

May 19 1997 8:00am

Secretary of State