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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000013891 (5)

WESTMINSTER PUBLISHING COMPANY, INC.

Principal Pla	ace of Business	Mailing Address						
7154 UNIVERSITY DR STE 270 TAMARAC FL 33321		7154 UNIVERSITY DR STE 270 TAMARAC FL 33321			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
						02/15/1993		
2. Principal Place of Business 2a. Mailing Address 21						4. FEI Number	Applied For Not Applicable	
Suite, Ap		Suite, Apt. #, etc.	<del></del>			5 Certificate of Status Desired 7 \$8.7!	Additional Required	
City & Sta	ate	City & State	- <del> </del>				O May Be d to Fees	
Zip 24	Country 25	Zip 29	29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	g, Name and Address of Cui	rrent Registered Agent				10. Name and Address of New Registered Agent		
NEMIROV, BERNICE 7154 UNIVERSITY DR STE 270 TAMARAC FL 33321				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83				
				84	City	FL 85 Z	p Code	
11. Pursuan office of agent. I	nt to the provisions of Sactions 607. If registered agent, or both, in the St fam familiar with, and accept the ob-	0502 and 607.1508, Florida Sta tate of Florida. Such change wa bligations of, Section 607.0505,	itules, the a as authorize Florida Sta	bove d by tutes	named corpora	poration submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment	its registered as registered	
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (f	NOTE Registere	d Age	nt algnature requi	ired when reinstating) DATE		
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	P	DELETE	1.1 1	TLE	- ""	Chang	e Addition	
NAME	NEMIROY, BERNICE		1.2 N	AME	1		!	
STREET ADDRESS 7154 UNIVERSITY DR STE 270			1.3 S	1.3 STREET ADDRESS				

TAMARAC FL 33321 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 arrunal 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:

TURE AND TYPED OR PRINTED MANE OF BIOMING OFFICER OR DIRECTOR

3/98

**FILED** 

May 08 1998 8:00am

Secretary of State

Davtinya Phone # 029190

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