

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000034069 (3)

1. Corporation Name

POCIT PUBLISHERS, INCORPORATED

Principal Place of Business

14400 S.W. 46TH COURT
OCALA FL 34473

Mailing Address

P. O. BOX 367
OXFORD FL 34484
US



| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | Country | 30 | Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 05/03/1993 | 05/01/1995 |
| 4. FEI Number | Applied For Not Applicable |
| 59-3183353 | |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

FAW, LARRY D
14400 S.W. 46TH COURT
OCALA FL 34473

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

Larry D Faw as Registered Agent

5/2/94

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--|
| TITLE | C | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAW, LARRY D | 1.2 NAME | |
| STREET ADDRESS | 14400 S.W. 46TH COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAW, GENEVIEVE H | 2.2 NAME | |
| STREET ADDRESS | 14400 S.W. 46TH COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL 34473 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEFLER, ROGER H | 3.2 NAME | |
| STREET ADDRESS | 22 SEMINOLE PATH | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILDWOOD FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHEURING, HENRY G | 4.2 NAME | |
| STREET ADDRESS | 4936 BRYWILL CIR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEVILLE, VINCENT J | 5.2 NAME | |
| STREET ADDRESS | 9695 NORCHESTER CIR. | 5.3 STREET ADDRESS | 545 WEST HILL ROAD |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | STAMFORD CT 06902 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry D Faw

5/2/94

Daytime Phone #

964-347-3947

CR2E034 (12/95)