

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

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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000034069 (3)

1. Corporation Name
POCIT PUBLISHERS, INCORPORATED

Principal Place of Business
14400 S.W. 48TH COURT
OCALA FL 34473

Mailing Address
P. O. BOX 367
OXFORD FL 34484-0367
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/03/1993		3a. Date of Last Report 05/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3183353		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FAW, LARRY D 14400 S.W. 48TH COURT OCALA FL 34473				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAW, LARRY D			1.2 NAME			
STREET ADDRESS	14400 S.W. 48TH COURT			1.3 STREET ADDRESS			
CITY - ST - ZIP	OCALA FL			1.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAW, GENEVIEVE H			2.2 NAME			
STREET ADDRESS	14400 S.W. 48TH COURT			2.3 STREET ADDRESS			
CITY - ST - ZIP	OCALA FL 34473			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		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	<input checked="" type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEVILLE, VINCENT J			5.2 NAME			
STREET ADDRESS	545 WEST HILL ROAD			5.3 STREET ADDRESS			
CITY - ST - ZIP	STAMFROD CT			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry D Faw 4/28/97 352-347-3947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)