PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90089 010 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	MENT # P93000 LE MAGAZINE, INC.	050275					
Principal Place of Business Mailing Address							18001 0111 1001
•	•	4430 NE 29 AVE					
4430 NE 29 AVE LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064						•	
Eld/IIIIOGOE I	5111. FE 4000.				DO NOT WRITE IN THIS	SPACE	
	•				3. Date Incorporated or Qualifed 07/19/1993		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		oplied For
26				65-0490450  5. Certificate of Status Desired		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22	, · · · · · · · · · · · · · · · · · · ·					Fee R	equired
	City & State City & State						May Be to Fees —
Zip	p Country Zip			/	This corporation owes the current year In     Personal Property Tax.		
24	25 9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered		
	3. Haine and Address of Content	Contractor on videous	81	Name			
ZUCKER, GERALD 4430 NE 29TH AVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	ITHOUSE POINT FL 33064		83	}		<del></del> -	
		•	84	City		85 Zip	Code
	•			'	poration submits this statement for the purpose o on's board of directors. I hereby accept the appo	<b>.</b>   '   '	
SIGNATURE	Signature, typed or printed name of registered agent		egistered Age	ent signature require	ad when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PSTD DELETE 1.1		1.1 TITLE	<u> </u>	7,0017,0170,0	Change	☐ Addition
NAME			1.2 NAME				
STREET ADDRESS	AAOO NE OO ANE			T ADDRESS			ļ
	LICUTUOLISE DOINT EL 22024		1.4 CITY-ST-ZIP				j
CITY-ST-ZIP			2.1 TITLE	,, <u></u>		Change	☐ Addition
NAME			2.2 NAME	. ]		_	
				TADDRESS	·		
STREET ADDRESS			2. 4 CITY-ST-ZIP		•		\
CITY-ST-ZIP TITLE			3.1 TITLE	U1 - 601		.[] Change	☐ Addition
NAMÉ			3.2 NAME		•		
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STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			Change	Addition
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	ļ		4.4 CITY-5				
CITY-ST-ZIP TITLE			5.1 TITLE			Change	☐ Addition
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			5.4 CITY-			,	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
NAME		_	6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			
CITY-ST-ZIP			6.4 CITY-				
UIT-31-ZP	1		■ · •·····				

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 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, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED WHE OF SIGNING OFFICER OR DIRECTOR

4/1/99 (954)942-2379