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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000060635 (8)

PUBLICATIONS CONSULTANTS, INC. Principal Place of Business Mailing Address 781 CAXAMBAS DRIVE 781 CAXAMBAS DRIVE MARCO ISLAND FL 34145-5906 MARGO ISLAND FL 33937 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1996 08/26/1993 4. FEI Number Applied For Principal Place of Business 2a. Mailing Address 65-0433459 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country This corporation has liability for intangible tay under s. 199.032, Country Zip Zin Florida Statutes Yes You 30 29 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **GUILFOIL, PAUL J** 225 N.E. EIGHTH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34470 83 Zip Code 64 City 85 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) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE MILLER, DAVID M 1.2 NAME NAME %781 CAXÁMBAS DRIVE 1.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 1.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE CENTRACCHIO, JUDITH 2.2 NAME NAME %781 CAXAMBAS DRIVE 2.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE D 3.1 TITLE TITLE SILVER, BERNARD 3.2 NAME NAME %781 CAXAMBAS DRIVE 3.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL CITY - ST - ZIP 34 CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE .6 4. 2 NAME NAME 11 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE TITLE 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS VB 2-25 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 6.1 TITLE TITLE **400002098614** -02/26/97--01056--036 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS \*\*\*165.00

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:

CITY-ST-7(P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 25 1997 8:00am

Secretary of State

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