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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000066838 (2)

1. Corporation Name

THE PUBLISHING COMPANY OF NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

~~577 DELTONA BLVD~~
~~SECOND FLOOR~~
~~DELTONA FL 32725~~
US

~~577 DELTONA BLVD~~
~~SECOND FLOOR~~
~~DELTONA FL 32725-0012~~
US



2. Principal Place of Business

2a. Mailing Address

21 186 N. INDUSTRIAL PARK DR.

26 186 N. INDUSTRIAL PARK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LAKE HELEN, FL

28 LAKE HELEN, FL

Zip

Country

Zip

Country

24 32744-0280 25 US

29 32744-0280 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALISE, PETER S
~~577 DELTONA BLVD~~
~~SECOND FLOOR~~
~~DELTONA FL 32725~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

186 N. INDUSTRIAL PARK DR.

83

84

City LAKE HELEN

FL

85

Zip Code 32744-0280

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

Signature, typed or printed name of registered agent and title if applicable

(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
NAME	BALISE, PETER S	
STREET ADDRESS	577 DELTONA BLVD SECOND FLR	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PLAKON, D SCOTT	
STREET ADDRESS	577 DELTONA BLVD SECOND FLOOR	
CITY-ST-ZIP	DELTONA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	C/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	186 N. INDUSTRIAL PARK DR.	
1.4 CITY-ST-ZIP	LAKE HELEN FL 32744	
2.1 TITLE	D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	186 N. INDUSTRIAL PARK DR.	
2.4 CITY-ST-ZIP	LAKE HELEN, FL 32744	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MATT BUTLER	
3.3 STREET ADDRESS	10770 "I" STREET	
3.4 CITY-ST-ZIP	OMAHA, NE 68127	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN D. MCKEY, JR.	
4.3 STREET ADDRESS	2081 E. OCEAN BLVD, 2ND FLOOR	
4.4 CITY-ST-ZIP	STUART, FL 34996	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PHILLIP S. HOFMANN	
5.3 STREET ADDRESS	1079 W. MORSE BLVD, SUITE C	
5.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE REQUIRED

4-21-97 904-228-1000

CR2E034 (9/96)