

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90148 018 ***158.75

DOCUMENT # P93000066838

1. Corporation Name

THE PUBLISHING COMPANY OF NORTH AMERICA, INC.

Principal Place of Business

**186 P.C.N.A. PARKWAY
LAKE HELEN FL 32711-0280
US**

Mailing Address

**186 P.C.N.A. PARKWAY
LAKE HELEN FL 32711-0280
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1993

4. FEI Number

59-3203301

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BALISE, PETER S
186 N INDUSTRIAL PARK DR
LAKE HELEN FL 32744**

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

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 ☐ DELETE

NAME **CPS
BALISE, PETER S
STREET ADDRESS 186 P.C.N.A PARKWAY
CITY-ST-ZIP LAKE HELEN FL 32744**

TITLE ☒ DELETE

NAME **DVT
PLAKON, D SCOTT
STREET ADDRESS 2532 RIVER TREE CIRCLE
CITY-ST-ZIP JANFORD FL 32771**

TITLE ☒ DELETE

NAME **D
BUTLER, MATT
STREET ADDRESS 10770 I STREET
CITY-ST-ZIP OMAHA NE 68127**

TITLE ☐ DELETE

NAME **D
SILVER, RICHARD
STREET ADDRESS 13160 DOUBLETREE CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414**

TITLE ☐ DELETE

NAME **T
KOLLER, JAMES M
STREET ADDRESS 186 P.C.N.A. PARKWAY
CITY-ST-ZIP LAKE HELEN FL 32744**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☒ Addition

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:

JAMES M. KOLLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. KOLLER, TREASURER

1-5-99

Date

904-228-1000, X337

Daytime Phone #

CR2E034 (11/98)