

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 25 AM 8:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000067144 (4)**

1. Corporation Name  
**PROMENADE PUBLISHING, INC.**

Principal Place of Business      Mailing Address  
**1726 N.E. 7TH ST.  
FT. LAUDERDALE FL 33304**      **1726 N.E. 7TH ST.  
FT. LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/23/1993**      **05/23/1994**

2. Principal Place of Business      2a. Mailing Address      4. FEI Number      Applied For  
**21**      **26**      **65-0446630**      Not Applicable

Suite, Apt. #, etc      Suite, Apt. #, etc      5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**

City & State      City & State      6. Election Campaign Financing      **\$5.00 May Be  
Trust Fund Contribution**            **Added to Fees**

Zip      Country      Zip      Country      8. This corporation has liability for intangible tax under S. 189.032,  
**24**      **25**      **29**      **30**      Florida Statutes       Yes       No

**9. Name and Address of Current Registered Agent**

**LYNCH, ROSEANNE N  
300 S. PINE ISLAND ROAD  
SUITE 304  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

**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**

TITLE	<b>DP</b>
NAME	<b>RYAN, BARBARA</b>
STREET ADDRESS	<b>1726 N.E. 7TH ST.</b>
CITY, ST, ZIP	<b>FT. LAUDERDALE FL 33304</b>
TITLE	<b>DV</b>
NAME	<b>PAPENFUS, LISA</b>
STREET ADDRESS	<b>1726 N.E. 7TH ST.</b>
CITY, ST, ZIP	<b>FT. LAUDERDALE FL 33304</b>
TITLE	<b>DST</b>
NAME	<b>LOCKAMY, JERRY</b>
STREET ADDRESS	<b>1726 N.E. 7TH ST.</b>
CITY, ST, ZIP	<b>FT. LAUDERDALE FL 33304</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Barbara Ryan*      **Barbara Ryan**      **4-19-95**      **305-1761-3191**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number