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

PROFIT CORPORATION **ANNUAL REPORT**



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

1996

DOCUMENT # P93000067144 (4) 1. Corporation Name							
PROM	enade publishing, inc	C.					
Principal Place	of Business	Mailing Address		19011041 110 12106 (1111 0911) 001/	ODDI FOILF OHIL	LOODI IIDII DIDII BIDI IODI	
1726 N.E. 7TH ST. FT. LAUDERDALE FL 33304		1726 N.E. 7TH ST. FT. LAUDERDALE FL 33304					
					3. Date Incorporated or Qualified 09/23/1993		f Last Report 25/1995
	ace of Business	2a. Mailing Address 26		02.044000		Applied For Not Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State	· • · · • · · · · · · · · · · · · · · ·		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country 25		Ζ _{(P}	Z ₍ μ) Country 30		8. This corporation has liability for intentible tax under sides 199.032, Florida Statutes Yes No		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R		ent
	DAAFILIUF II		81	Name			
	ROSEANNE N PINE ISLAND ROAD		82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 3			83				
PLANTA	TION FL 33324		84 City				85 Zip Code
11. Pursuant to	a the provisions of Sections 607.05	502 and 607 1508. Florida Statut	tes the above r	amed como	vation submits this statement for the pur	- FL	
Ur realstere	ed agent, or both, in the State of Fi h, and accept the obligations of S	ior da li Succi coange was aumoni	Zevillo ithe coco	oration's boa	ration scientist this statement for the pur aid of directors. Ehereby accept the appo	pintment as re	gistered agent. I am
SIGNATURE .							
12.	Superiore is part on particular as a principal on its OF BOFRS	professional (September 1994) AND DIRECTORS	01 Registre (April 13.	Cagnition region		DATE	IDC02000 01 10
TITLE	DP	DELFTE	1 1 TIFLE	·	ADDITIONS/CHANGES TO OFFI		Change Addition
NAME	RYAN, BARBARA		1.2 NAME				
STREET ADDRESS	1726 N.E. 7TH ST.		1.3 STREET ADDRESS				
CITY - ST - 7IP	FT. LAUDERDALE FL 3330			T-ZIP			
TITLE	DV	☐ DELETE	2 1 THTLE				Change 🔲 Addition
NAME CERSET ARGRESO	PAPENFUS, LISA						į
STREET ADDRESS CITY-ST-ZIP	1726 N.E. 7TH ST. FT. LAUDERDALE FL 33304		2 3 STHEET	ľ			
TITLE	DST	DELETE	2.4 CITY-S 3.1 TIFLE	[- ZIP			Change Addition
NAME	LOCKAMY, JERRY		3.2 NAME			ப	Change [] Addition
STREET ADDRESS	1726 N.E. 7TH ST.		33 STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		3.4 CHY - S				
TITLE		☐ DELETE	4 1 T ILF				Change 🔲 Addition
NAME							
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4 4 CITY - S1 - ZIF				
TITLE		☐ DELETE	5 I TILLE				Change Addition
NAME ETGECT ADDRESS			5 2 NAME				ļ
STREET ADDRESS CITY ST-ZIP	coo		5 3 STREET				
TITLE		DELETE	5 4 C(TY - ST - Z)F 6 1 T(T, E			<u> </u>	Change (Addition
NAME	ي مدد د		62 NAME			ш	Change 🔲 Addition
STREET ADDRESS	1		6.3 STRLE	A*)DRESS			
CITY - ST - ZIP	1		64 CITY - ST				
14. I do hereby	certify that the information supplie	ed with this filing is voluntarily fun	ished and door	not public t	or the exemption stated in Section 119.0 ce and that my signature shall have the	07(3)(k), Florid	a Statutes. I further

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 13 or Block 13 if changed, or on an anachment with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

954-76-3191 Date: France #