

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000078057 (5)**

1. Corporation Name

B-DUR PUBLISHING, INC.



Principal Place of Business

**777 SOUTH FLAGLER DR.
8TH FLOOR - WEST TOWER
WEST PALM BEACH FL 33401**

Mailing Address

**777 SOUTH FLAGLER DR.
8TH FLOOR - WEST TOWER
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified
11/10/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

APPLIED FOR 65-0375530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DURR, NICOLE
777 S. FLAGLER DR.
8TH FLOOR - WEST TOWER
WEST PALM BEACH FL 33401**

81 Name

MICHAEL A. SLAVIN

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

4440 PGA BLVD

83

Suite 402

84

Palm Beach Gardens FL

85 Zip Code

33410

11. Pursuant to the provisions of Sections 607.0002 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 being 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 date of signature

Signature typed or printed name of registered agent and date of signature

DATE

6/6/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DPST
DURR, NICOLE
777 S. FLAGLER DR
WEST PALM BCH FL**

TITLE ☐ DELETE

**DPST
DURR, NICOLE
777 S. FLAGLER DR
WEST PALM BCH FL**

TITLE ☐ DELETE

**DPST
DURR, NICOLE
777 S. FLAGLER DR
WEST PALM BCH FL**

TITLE ☐ DELETE

**DPST
DURR, NICOLE
777 S. FLAGLER DR
WEST PALM BCH FL**

TITLE ☐ DELETE

**DPST
DURR, NICOLE
777 S. FLAGLER DR
WEST PALM BCH FL**

TITLE ☐ DELETE

**DPST
DURR, NICOLE
777 S. FLAGLER DR
WEST PALM BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

900001869299

-06/20/96--01033--028

*****200.00**

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

66 6/19/96

CR2E034 (12/95)