

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

'95 AUG -7 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000079001 (2)

1. Corporation Name
PUBLISHERS BUYING GROUP, INC.

Principal Place of Business Mailing Address
1160 FAIRVIEW LANE SINGER ISLAND FL 33404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/16/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **891 E. OAK RD.** 26 **891 E OAK RD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Po Box 429** 27 **Po Box 429**
City & State City & State
23 **VINELAND NJ** 28 **VINELAND NJ**
Zip Country Zip Country
24 **08360 USA** 29 **08360 USA** 30

4. FEI Number **65-0434759** 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**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ELIAS, JOHN M
611 DRUID RD E
SUITE 512
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE _____
Signature (print or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FORCHIC, NANCY L
STREET ADDRESS	720 JERSEY AVE
CITY - ST - ZIP	GLOUCESTER CITY NJ 08030
TITLE	D
NAME	HALLISSEY, EILEEN A
STREET ADDRESS	BOX 429
CITY - ST - ZIP	VINELAND NJ 08360
TITLE	D
NAME	HALLISSEY, WILLIAM J
STREET ADDRESS	BOX 429
CITY - ST - ZIP	VINELAND NJ 08360
TITLE	D
NAME	FORCHIC, DENNIS G
STREET ADDRESS	720 JERSEY AVE
CITY - ST - ZIP	GLOUCESTER CITY NJ 08030
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 unchanged, or on an attachment with an address.

SIGNATURE: William J. Hallissey **William J. Hallissey** 9-31-95 609 626-2500
Signature (print and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (3/95)