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

DOCUMENT # P93000088860

1. Corporation Name ODEN DUBLICHING CODDODATION

OPEN PUBLISHING CONFORM					
Principal Place of Business	1 (401100) (110 10100 (1111 00111 00111 00111 00111 00111 00111				
1508 WHITEHALL DR #304 FT. LAUDERDALE FL 33324	PO. BOX 5163 FT LAUDERDALE FL 33310	DO NOT WRITE IN THIS SPACE			
US		Date Incorporated or Qualifed 01/03/1994			
2. Principal Place of Business	2a. Mailing Address 26	4, FEI Number 65-0456584			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired F			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution \$5			
Zip Country 24 25	Zip Country 30	8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of C	urrent Registered Agent	10. Name and Address of New Registered Agent			

May 01, 1999 8:00 am Secretary of State

05-01-1999 90034 007 ***150.00



Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

Yes

Name and Address of Current Registered	a Agent			IU. Maille allu	Address of New P	egistereu i	-gent	
		81	Name					
ZELDIN, GABRIEL 1508 WHITEHALL DR #304			82 Street Address (P.O. Box Number is Not Acceptable)					
							,	
FT. LAUDERDALE FL 33324		83						ļ
		84	City				85 Zip	Code
						<u> </u>		
 Pursuant to the provisions of Sections 607.0502 and 607.0 office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE 	Such change was auth	orized by	the corp	corporation submits th oration's board of direc	is statement for the tors. I hereby accer	purpose of ot the appoin	changing its ntment as re	registered egistered
Signature, typed or printed name of registered agent and title if app	icable. (NOTE: Re	gistered Agen	t signature r	equired when reinstating)		DATE		
12. OFFICERS AND DIRECTO		13.		ADDITIONS	CHANGES TO OF	FICERS AN		
TITLE P	☐ DELETE	1.1 TITLE					Change	Addition
NAME ZELDIN, GABRIEL		1.2 NAME						
STREET ADDRESS 1508 WHITEHALL DR #304		1.3 STREET	ADDRESS				•	ı
CITY-ST-ZIP FT. LAUDERDALE FL 33324		1.4 CITY-\$1	-ZIP					- Addition
TITLE	DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME ·		2.2 NAME						Į.
STREET ADDRESS		2.3 STREET	ADDRESS					}
CITY-ST-ZIP		2.4 CITY-S	T- Z!P					- Addision
TILE .	C) DELETE	3.1 TITLE			~		☐ Change	☐ Addition
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET	ADDRESS					ļ
CITY-ST-ZIP		3.4. CITY-S	T-ZIP				Channe	Addition
TITLE	☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME		4, 2 NAME						
STREET ADDRESS		4.3 STREET	ADDRESS					
CITY-ST-ZIP		4.4 CITY-S	r-ZiP			 -	C Change	- D Addition
TITLE	☐ DELETE	51 TITLE			•		Change	Addition
NAME		5.2 NAME						•
STREET ADDRESS		5.3 STREET						{
CITY-ST-ZIP		5.4 CITY-S	r-ziP				Channe	Addition
TITLE	☐ DELETÉ	6.1 TITLE				-	Change	☐ Addition
NAME		6.2 NAME						ł
STREET ADDRESS		6.3 STREET	ADDRESS					
CITY-ST-ZIP		6.4 CITY-S						
14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual rep	does not qualify for the	e exempti te and that	on state	d in Section 119.07(3)(ature shall have the sa	i), Florida Statutes. Ime legal effect as i	i turther cer f made unde	tify that the er oath; that	intormation 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 a process, with all other like empowered.