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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P9400000675 (6)

DOCUMENT # COCONUT CREEK PUBLISHING CO.

Principal Place	of Busines	S	Ma	iling Address				4 18341834 BIB 1814 BIBIN 86141 BI	IFI va fil vall		
2201 N.W. 40TH TERRACE COCONUT CREEK FL 33066-2032				2201 N.W. 40TH TERRACE COCONUT CREEK FL 33066-2032							
	-··							3. Date Incorporated or Qualified 12/27/1993		of Last R	
Principal Place of Business 1			2a. 26	2a. Mailing Address 26			4. FEI Number 65-0459351		J	Applied For Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State			28	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip 24		Country Zip 25 29 30 Name and Address of Current Registered Agent			30 Cour	Country 8. This corporation has liability for intangible tax under Florida Statutes Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				x under s	
	9. Name	and Address of Cur	rent Regist	ered Agent				10. Name and Address of New R	gistered .	Agent	
	N, ANNE				L	81 82	Name Street Addre	ss (P.O. Box Number is Not Acceptable	~)		
BROAD AND CASSEL 500 E. BROWARD BLVD.						83	- Sirect Addition	SS (. C. ECX HUMBER IS NOT ACCEPTED)	¬		
		ALE FL 33394									
101111	D (ODE)	ALL TE GOODT				84	City		FL	85 Zig	Code
familiar with	h, and acce	pt the obligations of, Se	ection 607.0	505, Florida Statutes.	o by the co	orpe	oration's board	tion submits this statement for the purp d of directors. I hereby accept the appo	ose of cha intment as	nging its r registered	egistered office agent. I am
12.	Signature typed	or printed name of registered as OFFICERS A				*gent	signature required		DATE	·	
7:TLF	<u>D</u>	OFFICERS	IND DIRECT	OHS DELETE	13.			ADDITIONS/CHANGES TO OFFICE			
NAME:	_	EY, DANIEL J		T Decene	1. 1 TIT				L.] Change	Addition
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NAME				- Section	2.2 NAM				L.] Change	Addition
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STREET ADDRESS							ADDRESS				
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NAME					4.2 NAM	AE.				- •	
STREET ADDRESS					4.3 STR	EET A	DDRESS				
CHY-ST-Z:P					4.4 CITY	/-ST	- ZIP				
TITLE				DELETE	5 1 TITL	.E] Change	Ad dition

64 CHTY-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)(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 cath; 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 43 if changed, or on an attachment with an address.

5.2 NAME

E. 1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIG	NAT	URE

NAME

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NAME

STREET ADORESS

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Change

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