## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

	MENT # P9400 OMES PUBLISHING, INC.	00009043	(8)				
Principal Place	e of Business	Mailing Address			·	I BOOK BOKE IRIN OOLI OOK BING IKK IRI	
1500 NW 3RD ST #103 DEERFIELD BEACH FL 33442 US		1500 NW 3RD S	TREET				
		#103		_			
		DEERFIELD BEA US	CH FL 33442-160	)K	3. Date Incorporated or Qualified	3a. Date of Last Report	
		00			02/04/1994	01/25/1996	
2. Principal Place of Business		2s. Mailing Add	ess		4. FEI Number	Applied For	
21		26			65-0476843	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #	otc.		5. Certificate of Status Desired	\$8.75 Additional	
22		City & State				Fee Required	
City & State		28			6. Election Campaign Financing	\$5.00 May Be Added to Fees	
Zip	Country	Zip	c	ountry	Trust Fund Contribution  8. This corporation has liability for its		
24	25	29	30	•		Yes No	
	g. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	stered Agent	
SPANO, ANTHONY 1500 NW 3RD ST #103 DEERFIELD BEACH FL 33442  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code			
office or re agent. I a SIGNATURE	egistered agent, or both, in the St. in familiar with, and accept the of: Signature, typed or proded name of registered	ate of Fforida, Such char digations of, Section 607	ge was authoriz 0505, Florida S (NOTE Registe	red by the corporal tatules. ared Agent signature requi	tion's board of directors. I hereby acceptive when reinstaling)	t the appointment as registered	
TITLE	DPST	AND DIRECTORS	13	J.	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	SPANO, ANTHONY			NAME		change	
STREET ADDRESS	1500 NW 3RD STREET, #1			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		1	CITY-ST-ZIF			
TITLE		□ DI		THLE		☐ Change ☐ Addition	
NAME			2.2	NAME			
STREET ADDRESS			2.3	STREET ADDRESS			
CITY-ST-ZIP				4 CHY-ST-ZIP			
TITLE		∐ D€	<b>1</b> -	TIPLE		Change Addition	
NAME OTOSST 4 DODGSG				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP TITLE		00		CITY-ST-ZIP TITLE		Change Addition	
NAME				2 NAME			
STREET ADDRESS				STREET AUDRESS			
CITY-ST-ZIP			1	CITY-S1-ZIP			
TITLE		D(		THE		Change Addition	
NAME			5.2	NAME			
STREET ADDRESS			5.3	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-7IP			
TITLE		L. Di	:	1HLE		Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP	w cortifu that the information suppr	lied with this bling door		CHY-ST-ZIP	d in Section 119 07(3)(i). Florida Statutes	I further certify that the	

4. I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Ffurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the early initially 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 y an appear or on an attachment with an address.

CICALATURE.

August Sin.

2/1/07 (954) 5706777

**FILED** 

Mar 19 1997 8:00am

Secretary of State