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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS P94000017083 (4) **DOCUMENT #** BRENNEN PUBLICATIONS, INC. Mailing Address Principal Place of Business 695 TARPON BAY RD 695 TARPON BAY RD SUITE 11 SHITE 11 SANIBEL FL 33957 SANIBEL FL 33957 3. Date Incorporated or Qualified 3a. Date of Last Report 06/15/1995 02/28/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0513429 21 1/16 CARDIUM Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Yes No Florida Statutes 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BAUM, CARLENE 695 TARPON BAY RD SUITE 11 SANIBEL FL 33957 84 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. Level agent and the state of the second SIGNATURE / Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE: Change Change TITLE 1.1 DUE CARLENE F. BRENNED CR2E034 1.2 NAME CARLENE F. BRENNEN NAME P.O.BOX 171 THE CARDIUM ST. 1.3 STREET ADDRESS STREET ADDRESS SANIBEL FL 33957 DANIBEL, FIA. 359 1.4 CITY - ST - ZIP CITY-ST-ZIP ■ Addition ☐ DELETE 2. 1 TITLE TITLE TERRY BRENNEN 2.2 NAME NAME P.O.BOX 171 N/A 2 3 STREET ADDRESS STREET ADDRESS SANIBEL FL 33957 24 CITY-ST-ZIP 0/1Y-S1-7/P Addition DELETE 3 1 TITLE THILE 3.2 NAME NAME STREET ADDRESS 3.3. STREET ADDRESS 34 CITY-ST-ZIP CITY-\$1-ZIP DELETE Addition 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADORESS 6.4 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 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.