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

Feb 18 1997 8:00am PROFIT CW DO FLORIDA DEPARTMENT OF STATE

FILED

ANNU	RPORATION JAL REPORT 1997		Sandra B. Mortha Secretary of State DIVISION OF CORPORA			ONS	Secretary of State			ie .
1. Corporation	T CELLINA	9400002 PUBLISHING, IN	2 7347 (1)					, a		ť
Principal Plac			Mailing Address							
1155 HILLSBORO MILE #601 1155 HILLSBORO MILE #601 HILLSBORO BEACH FL 33062										
							3. Date Incorporated or Qualified 04/11/1994	1	ne of Last Re 19/1996	<u> </u>
 '	lace of Business	 	Mailing Address				4. FEI Number			plied For
21	NE 52nd St #. etc.	. 26	Suite. Apt. #, etc.				65-0496196		\$8.75 A	t Applicable
22 Suit		27]				5. Certificate of Status Desired		Fee Re	
City & State			City & State				6. Election Campaign Financing		\$5.00	, (
23 <u>Ligh</u> Zip	nthouse Poin		I Zip	Cou	ntry		Trust Fund Contribution 8. This corporation has liability for		Added to	
24 33064		SA 29		30			Florida Statutes	Yes [] No	
		iress of Current Reg	stered Agent		81	Name	10. Name and Address of New Re	gistered /	Agent	
STARR, EDWARD G 1155 HILLSBORO MILE #601 HILLSBORO BEACH FL 33062										
					82	Street Addi	ress (P.O. Box Number is Not Acceptal	ole)		ļ
1 1102		. 00002			83					
					В4	City			85 Zip C	Code
		·				<u> </u>		FL		
office or r	egistered agent, or be	oth, in the State of Flo	rida. Such change was :	authorize	d by	the corporat	poration submits this statement for the policy is sometimes that the policy is submits the policy is submitted by the policy is s	ourpose of pt the app	changing its ointment as	s registered registered
	ım familiar with, and a	ccept the obligations	of, Section 607.0505, FI	orida Stat	utes	S.				j
SIGNATURE	Signature, typed or punited n	anic of registered agent and In	le it applicable (NOI	E. Registere	1 Age	ent signature requi	red when reinstaling)	DATE		
12.		OFFICERS AND DIRE		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICE	CERS AND		
TITLE	P Starr, Edward	10	DELETE	1.1 78		{			Change	L_ Addition
NAME STREET ADDRESS	1155 HILLSBORG			1.2 N/		ADDRESS				1
CITY - ST - ZIP	HILLSBORO BCH			•		61 - ZIP				
TITLE			DELETE	2.1 TI					Change	Addition
NAME				2.2 N/	AME	{				Í
STREET ADDRESS				2351	REET	ADDRESS				ľ
CITY - ST - ZIP			LADUETE			ST-ZIP			T Change	Addition
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C 1Y-SI-7IP				- 8		ST-ZIP				ľ
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STREET ADDRESS						ADDRESS				1
CITY-ST-ZIP	 		DELETE	4.4 CI		ST-ZIP			Change	Addition
TITLE NAME				5.2 N		1			CHONING C	Addition
STREET ADDRESS	}			•		ADDRESS				l
CITY - ST - ZIP				J		ST-ZIP				
THUE			☐ DELETE	6.1 TI					Change	Addition
NAME	}			. 6.2 N	AME	1				}
STREET ADDRESS	}			1		ADDRESS				l
CITY - ST - ZIP	1			6.4 CI	TY-S	ST-2IP				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, i further certify that the information indicated on this annual report or supplicmental 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 it of hanged, or on an attachment with an address.