

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000047379 (0)

1. Corporation Name  
COMPUTER PUBLISHING GROUP, INC.



Principal Place of Business Mailing Address  
6804 NAVARRE PKWY. 8668 Navarre Pkwy. #270 6804 PERCH RD. 8668 Navarre Pkwy. #270  
#270 NAVARRE FL 32566  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/20/1994

2. Principal Place of Business 21 8668 Navarre Pkwy. Suite, Apt. #, etc. #270 22 City & State Navarre FL Zip 32566 Country USA	2a. Mailing Address 26 (same) Suite, Apt. #, etc. 27 City & State Zip Country	4. FEI Number 59-3251855 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEMP, SANDRA F  
6804 PERCH RD. 8668 Navarre Pkwy. #270  
NAVARRE FL 32566

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

SIGNATURE Sandra F. Kemp President

30 April 98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, SANDRA F	1.2 NAME	
STREET ADDRESS	6804 PERCH RD. 8668 Navarre Pkwy. #270	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAVARRE FL	1.4 CITY - ST - ZIP	
TITLE	VICE President. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramsay, Debby	2.2 NAME	
STREET ADDRESS	8668 Navarre Pkwy. #270	2.3 STREET ADDRESS	
CITY - ST - ZIP	Navarre, FL 32566	2.4 CITY - ST - ZIP	
TITLE	Kemp, John Secretary/Treas. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8668 Navarre Pkwy. #270	3.2 NAME	
STREET ADDRESS	Navarre, FL 32566	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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 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, on an attachment with an address.

SIGNATURE: Sandra F. Kemp President 30 April 98 850 9391900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0511343

CR2E034 (10/97)