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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P9400052644 (9)

21ST CENTURY PUBLISHING INC.

Principal Place of Business Mailing Address 701 PINELLAS STREET CLEARWATER FL 34816 PO BOX 1314

CLEARWATER FL 34617-1314

## **FILED** May 07 1997 8:00am Secretary of State



••							3. Date Incorporated or Qualified 07/15/1994		e of Last Re <b>2/1996</b>	porl
	lace of Business Rosepy Road Apt 313	2a. Maili	ng Address				4. FEI Number 59-3260531		App	olied For Applicable
Suite Apt.		Suite 27	, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	quired
City & State	o PLOPIDA	28	& State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 h Added to	Fees
Zi 346	YI 25 USA	29 Zip		30 Co.	ıntry		This corporation has liability for Florida Statutes      Name and Address of New Re	Yes [	] No	199.032,
9, Name and Address of Current Registered Agent								gistered A	gent	
PERRY, STEVEN COLE 704 PINELLAS STREET					81	NamPer	ery, STEVEN LOIC			
CLEARWATER FL 34616					82	Street Ad	dress P.O. Box Number is Not Acceptal	ole)		1
VLL	MINATERI L 04010				83			·		
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ė					84		ngo	FL	85 <b>3</b> 4	11
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	Signature, typed or printed name of registered agen	I and little if applic	able (NO	It : Angistere	d Age	ni signature rec	plired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI			
TITLE	P		DELETE	1.1 T	ITLE			ļ	Change	Addition
NAME	PERRY, STEVEN C			1.2 N	AME					
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NAME	İ				MAME					
STREET ADDRESS	l					ADDRESS				
CITY-ST-ZIP		t		6.4	CITY - S	ST-ZIP	tod in Contine 110 07/9Vi) Elevide Statut	ac I further	contify that	tho
14. I do 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 arrival 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 decoiver of sustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of the same legal effect as if made under oath; that I am an officer or director of the corporation or the decoiver of sustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name										