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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

490 FIRST AVE. S.

DOCUMENT # P94000064362

1. Corporation Name

Principal Place of Business

490 FIRST AVE. S.

FLORIDA DIRECTORY PUBLISHING, INC.

FIRST AVE. S.		C/O ANDREW CORTY		DO NOT WRITE IN	A IUIO OI UOF	
PETERSBURG F	£ 33701	ST. PETERSBURG FL 33701		Date Incorporated or Qualifed		i
		US				ł
				08/31/1994	Appl	ied For
		2a. Mailing Address		4. FEI Number		Applicable
Principal Place	of Business	26		65-0516712	\$8.75 Ad	
		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Req	uired
Suite, Apt. #, e	etc.					
		27 City & State		6. Election Campaign Financing	¬ \$5.00 №	
City & State		City & State		Trust Fund Contribution	Added to	rees
- • .		28	Country	8. This corporation owes the current	year Intangible	_
Zip	Country	Zip	Country	Porconal Property Tax.	⊔ tes_ u	No
Z-IP	25	29 30	L_ ,	10. Name and Address of New Regi	istered Agent	
	9. Name and Address of Curre	nt Registered Agent		TO. Name una rice	<u> </u>	
	9. Name and Addition 5.		81 Name	· · · · · · · · · · · · · · · · · · ·		
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			84 City		F1 85 Zip C	,00 0
				;		registered
			the above-named cor	poration submits this statement for the pu ion's board of directors. I hereby accept to	ne appointment as re-	gistered
Pursuant to	the provisions of Sections 607.05	of Florida, Such change was auth	orized by the corporati	ion's board of directors. I flereby accept	no apparent	
office or regi	istered agent, or both, in the State	e of Florida. Such change was aum pations of, Section 607.0505, Florida	a Statutes.	poration submits this statement for the pu ion's board of directors. I hereby accept the		•
agent. i am	laminal with, and decept and a				DATE	
				red when reinstating)		DC IN 12
GNATURE		pent and title if applicable. (NOTE: Re	egistered Agent signature requir	APPLICALS/CHANGES TO OFFIC	CERS AND DIRECTO	1K2 IN 12
GNATURE	gnature, typed or printed name of registered at	John Brid Buo ii Spriii	ngistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	Additio
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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, with all other like empowered.

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90018 050 ***150.00