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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90018 009 \*\*\*150.00

## 

App led For

DOCUMENT	#	P94000071257
<ol> <li>Corporation Name</li> </ol>		1 3 100001 1201

**EL TALLER PUBLISHING COMPANY** 

Principal Place of Business 1277 TALLEVAST RD. SARASOTA FL 34243

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

2. Principal Place of Business

1277 TALLEVAST RD. SARASOTA FL 34243

2a. Mailing Address

Mailing Address

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualifed

09/28/1994

4. FEI Nu nber

21 1453	TALLEVAST RD	26 1453 TAU	LEVAST RD	59-3269627	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & S at	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23 SAR	ASOTA 1-L	28 SARASOTA	<del>)</del>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year is	ntangible
24 3424	43 25 MANATEE	29 34243	30 MANATEE		Yes I No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	i Agent
050	DETI ADAM O		81 Name		
	RETI, ADAM G		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
,	5 BANCHORY LN				
SAR	ASOTA FL 34237		83		
1			84 City		85 Zip Code
)			OH City	F	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corpo	pration submits this statement for the purpose	of changing its registered
office crr	registered agent, or both, in the State or im familiar with, and accept the obligati	t Horida. Such change was ถน วกร of, Section 607.0505. Flori	ithorized by the corporation	n's board of cirectors. I hereby accept the app	omment as registered
) -		,			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTe:	Registered Agent signature required	when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS.	ND DIRECTORS IN 12
TITLE	PT	☐ DELETE	11 TITLE		Change Addition
NAME	SEGRETI, ADAM G		1.2 NAME		
STREET ADDRESS	1275 BANCHORY LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34237		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		Change Addition
NAME	SEGRETI, BETH A		2.2 NAME		
STREET ADDRESS	1275 BANCHORY LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34237		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	<u> </u>		3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE	<del> </del>	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP	<del></del>	☐ DELETE	5.1 TITLE	<del></del>	☐ Change ☐ Addition
•			52 NAME		- · -
NAME			53 STREET ADDRESS		

CITY-ST-ZIP 14. I 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 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 attactiment with an address, with all other like empowered.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE

*941-35*8-9933

☐ Change

☐ Addition

CR2E034 (11/98)