

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000080130**

1. Corporation Name
LORKEN PUBLICATIONS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -1 PM 12:47



Principal Place of Business

**1630 PERWINKLE WAY
SUITE 1
SANIBEL FL 33957
US**

Mailing Address

**1630 PERWINKLE WAY
SANIBEL FL 33957
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1994

4. FEI Number

65-0525009

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

2. Principal Place of Business

21. **1640 PERWINKLE WAY**
Suite, Apt. #, etc.

22. **FL**

23. **SANIBEL**

24. **33957**

Country

US

2a. Mailing Address

26. **1640 PERWINKLE WAY**
Suite, Apt. #, etc.

27. **FL**

28. **SANIBEL**

29. **33957**

Country

US

9. Name and Address of Current Registered Agent

**TERRY, MICHAEL
1630 PERWINKLE WAY
SANIBEL FL 33957**

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 of registered agent or board member, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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SIGNATURE

XX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

9/29/99

747 AC 11
941-574-3751

CR2E034 (5/99)

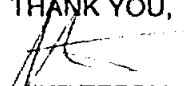
SEPTEMBER , 1999

TO WHOM IT MAY CONCERN:

WE DID NOT RECIEVE OUR FIRST NOTICE AND IT WAS POSSIBLY SENT TO OUR CPA AND WAS MISPLACED. WE HAD JUST MOVED TO A NEW LOCATION AND THIS NOTICE WAS FOUND. PLEASE EXCEPT OUR APOLIGY FOR THIS ERROR AND ACCEPT IT AS MAILED.

WE FEEL THAT WE SHOULD NOT BE CHARGE THAT EXORBINENT INCREASE IN A FEE FOR THIS ERROR AND HOPE THAT YOU WILL ADJUST OUR ACCOUNT ACCORDINGLY.

THANK YOU,


MIKE TERRY
ACCOUNTANT