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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000093918 (8)

Corporation Name		_	-		_	_	_	_	_	_	•	_	
EMPERAL D. DUDLICATI	^ 1	10	16.1	^									

1. Corporation	Name	(-)			
EMER	ALD PUBLICATIONS INC.				
Principal Place	of Business	Melling Address			######################################
205 E ZARA		205 E ZARAGOZA ST			
PENSACOLA		PENSACOLA FL 32501			
US		US		3. Date Incorporated or Qualifie	d 3a. Date of Last Report
				12/29/1994	04/17/1995
2. Principal Pla 21 3161	Dale Shedon La	28. Mailing Address	30500	4. FEI Number 59-3284928	Applied For
Suite, Apt. #		Suite, Apt. #, etc.	30 3 64		Not Applicable \$8.75 Additional
[22]		27		5. Certificate of Status Desired	Fee Required
CAV & State	RI	City & State	, FL	Election Campaign Financing	☐ ♣o.oo maj be
23 1 Pu	acola 1 Country	28 PENSACOLA	Country	Trust Fund Contribution 8 This corporation has liability to	Added to Fees or intangible tax under s 199.032,
24 3250	94 25 Escansin	29 32503-1529		Florida Statutes	es No
	9. Name and Address of Current	t Registered Agent		10, Name and Address of Nev	Registered Agent
MADO	IOUN W		81 Name		Control Press
	JOHN W Zaragonza St		82 Street A	Address (P.O. Box Number is Not Accept	lable)
	COLA FL 32591		83	Van ourope	Lane
			84 City	1	85 Zip Code 🔏
			^ <i> </i>	Princolad	F1 331954
11. Pursuant to or registere	o the provisions of Sections 607.0502 and agent, or up to in the State of Florid	and 607 1508, Florida Statutes, la Sucritanage was authorized	the above-named co by the corporation's I	rporation submits this statement for the population of directors. I hereby accept the a	ourpose of changing its registered office pointment as registered agent. I am
	h, and accept the obligating of Section	607:0505, Florida Statutes.			
SIGNATURE 3	Significal typical or printed Parise of registered against	ki title it a; ipAcable (NOTE;	Hagistereit Agent signature re		DATE
12.	OFFIGERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO C	PROBES AND DIRBOTGRESS 1848
TITLE NAMI	MARR, JOHN W	LJutter	1 1 TITLE 12 NAME	MARR, JOHN, W	Change 🔲 Addition
STREET ADDRESS	429 FORT PICKENS RD		13 STREET ADDRESS	316 Cale Shadow	Lane
CHY ST ZIP	PENSACOLA FL 32561		1.4 CITY - ST - 7IP	Pensacola FL.	32504
3.11.F		☐ DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ANDRESS CITY - ST- ZIP			2 3 STREET ADDRESS 2 4 City-St-Zip		
1011		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STHEFT ADDRESS		
CITY - ST. ZIP		☐ DELETE	3 4 CiTY-ST-ZIP		
NAME			4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		•
City - S1 - ZiP			4.4 CITY-ST-ZIP		
11°LF		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME CHARLE ASSUMED S			5 2 NAME		
STREET ADDRESS City St. Zir:			5.3 STREET ADDRESS		
THE		DELETE	5.4 CHY-ST-ZIP 6. 1 TITLE		Change Addition
NAME		-	6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		

6.4 CITY - ST - ZIP

SIGNATURE:

C/TY-ST-7/8

14. Fide hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this influent 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 or downed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attaining the truth an additional charges.

CR2E034 (12/95)