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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000018200 (2)

1. Corporation Name
THE INSTANT PUBLISHER CORP.

Principal Place of Business
6363 NORTH WEST 6TH WAY
SUITE 212
FORT LAUDERDALE FL 33309

Mailing Address
6363 NORTH WEST 6TH WAY
SUITE 212
FORT LAUDERDALE FL 33309-6196



3. Date Incorporated or Qualified 03/06/1995
3a. Date of Last Report 02/07/1996

2. Principal Place of Business

2a. Mailing Address

21. 1160 E. HALLANDALE BEACH BLVD
Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. Suite A
City & State

27. City & State

23. HALLANDALE, FL
Zip Country

28. Zip Country

24. 33009 25. USA

29. Zip Country

9. Name and Address of Current Registered Agent

4. FEI Number 65-0563542
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

BARRETT, LYNN
6363 NORTH WEST 6TH WAY
SUITE 212
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
81. Name LYNN BARRETT
82. Street Address (P.O. Box Number is Not Acceptable) 1160 E. HALLANDALE BEACH BLVD
83.
84. City HALLANDALE FL 85. Zip Code 33009

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 acting with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or entity authorized to register and file (if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/28/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BARRETT, LYNN	6363 NORTH WEST 6TH WAY, SUITE 212	FORT LAUDERDALE FL 33309	<input type="checkbox"/>
SD	ALLEN, JANICE	6363 NORTH WEST 6TH WAY, SUITE 212	FORT LAUDERDALE FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 contained 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 or changes to or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE ALLEN

2/28/97

(800) 425-0191

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CR2E034 (9/96)