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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90100 029 \*\*\*150.00

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PURLICATIONS HAILIMITED INC

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Principal Place	of Business	Mailing Address		_		١.		#}### }!!!!!! ! <b>##</b> !!	11811 8181 1881
9621 WEST SAI CORAL SPRING		9621 WEST SAMPLE ROAD CORAL SPRINGS FL 33365					i   		
us us							DO NOT WRITE IN THIS	SPACE	<del></del>
							Date Incorporated or Qualifed 06/07/1995		
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number	Ap	plied For
21 26 36							65-0586640	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						_	Certifcate of Status Desired	\$8.75 A	
27						J.		Fee Re	
City & State City & State						1	Election Campaign Financing	\$5.00	,
23		28				<u> </u>	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Counti	ry		8.	This corporation owes the current year In		П.
24	25		30				Personal Property Tax.		□No
<u> </u>	9. Name and Address of Curre	ent Registered Agent	8	1 6	Name	10.	Name and Address of New Registered	Agent	
P∩RI	ert B. Kahn		6	'  "	varrie				
9625	W SAMPLE RD		8:	2 5	Street Addres	ss (P	.O. Box Number is Not Acceptable)		
COR	AL SPRINGS FL 33365		8:	3					
•			8-	4 0	City	<u>. !</u> 	FI FI	85 Zip (	Code
		1007 4500 El Sie Obelde	- 455 -			e tion			registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such channe was all	tnonzea o	vine	e corporation	's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appo	intment as re	gistered
agon. ra	ii tairiinai wiki, aria accept ale cong	ations of, Section 607.0505, Flori	da Statute	es.		. !			1
SIGNATURE		_		98.			, and the same of		}
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Ag	98.	nature required w			ND DIRECTO	ADS IN 12
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I	Registered Ag	ent sig	gnature required w		einstating) DATE ADDITIONS/CHANGES TO OFFICERS A		PRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Ag 13.	ent sig	gnature required w			ND DIRECTO	
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SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A D KAHN FAMILY LIMITED PARTI 9625 W SAMPLE RD	ent and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent sig	ORESS				
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14. I 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS