

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000048282 (4)

1. Corporation Name

USER GROUP MAGAZINE SERVICE, INC.



Principal Place of Business

9621 WEST SAMPLE ROAD
CORAL SPRINGS FL 33075

Mailing Address

9621 WEST SAMPLE ROAD
CORAL SPRINGS FL 33075

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33365 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33365 Country

29

3. Date Incorporated or Qualified
06/20/1995

3a. Date of Last Report

4. FEI Number
65-0588636

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. 195.032,
Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Robert Kahn

82 Street Address (P.O. Box Number is Not Acceptable)
9621 W. Sample Rd.

83

84 City Coral Springs FL 85 Zip Code 33365

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 Registered Agent in Charge

4/25/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAHN, ROBERT	
STREET ADDRESS	9621 W. SAMPLE ROAD	
CITY - ST - ZIP	CORAL SPRINGS FL 33075	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AXELROD, ROBERT	
STREET ADDRESS	9621 W. SAMPLE ROAD	
CITY - ST - ZIP	CORAL SPRINGS FL 33075	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANSKY, GEORGE	
STREET ADDRESS	9621 W. SAMPLE ROAD	
CITY - ST - ZIP	CORAL SPRINGS FL 33075	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAHN, MARK	
STREET ADDRESS	9621 W. SAMPLE ROAD	
CITY - ST - ZIP	CORAL SPRINGS FL 33075	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURLEY, BRUCE	
STREET ADDRESS	9621 W. SAMPLE ROAD	
CITY - ST - ZIP	CORAL SPRINGS FL 33075	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Kahn Family Limited Partnership
13. STREET ADDRESS	33365
14. CITY - ST - ZIP	33365
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	33365
23. STREET ADDRESS	33365
24. CITY - ST - ZIP	33365
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	33365
33. STREET ADDRESS	33365
34. CITY - ST - ZIP	33365
4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	33365
43. STREET ADDRESS	33365
44. CITY - ST - ZIP	33365
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	33365
53. STREET ADDRESS	33365
54. CITY - ST - ZIP	33365
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

Daytime Phone #

CR2ED34 (12/95)