

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 28 1996 8:00 am
Secretary of State

DOCUMENT # P95000051628 (2)

1. Corporation Name

SELECT PUBLISHING CORPORATION

Principal Place of Business

2424 N. FEDERAL HWY.
SUITE 250
BOCA RATON FL 33431

Mailing Address

2424 N. FEDERAL HWY.
SUITE 250
BOCA RATON FL 33431

2. Principal Place of Business

900 N. Federal Highway, #280
Boca Raton, FL 33432

3. Mailing Address

900 N Federal Hwy
#280
Boca Raton, FL 33432

3. Date Incorporated or Qualified

07/03/1995

3a. Date of Last Report

4. FEI Number

65-0651243

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

24 25 29 30

9. Name and Address of Current Registered Agent

MURPHY, BARBARA A
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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, typed or printed name of registered agent and the legal date

Signature, typed or printed name of registered agent and the legal date

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> DELETE |
| NAME | Vincent Colangelo | |
| STREET ADDRESS | 79 East View Dr. | |
| CITY-ST-ZIP | Valhalla, NY 10595 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | Stephen Colangelo Sr. | |
| STREET ADDRESS | 7810 E. Upper Ridge Dr. | |
| CITY-ST-ZIP | Parkland, TX 33067 | |
| TITLE | SIC | <input type="checkbox"/> DELETE |
| NAME | Joy manusso | |
| STREET ADDRESS | 468 SE 11th St. | |
| CITY-ST-ZIP | Dania, FL 33004 | |
| TITLE | Treas. | <input type="checkbox"/> DELETE |
| NAME | Lynn Dallman | |
| STREET ADDRESS | 7810 E. Upper Ridge Dr. | |
| CITY-ST-ZIP | Parkland, TX 33067 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

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***225.00

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 significant 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 of the reporter 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

CR2E034 (12/95)

CS 6/28/96