

FILE NOW. FILING FEE AFTER MARCH 1 TO \$220.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
A Jun 26 1997 8:00am
Secretary of State

DOCUMENT # P95000051628

1. Corporate Name
Select Publishing Corporation

Principal Place of Business: 1650 S. DIXIE HWY, 3RD FL, BOCA RATON, FL 33432
Mailing Address: 1650 S. DIXIE HWY, 3RD FL, BOCA RATON, FL 33432

"AMENDED"

3. Date Incorporated or Qualified: 7/3/95
3a. Date of Last Report: 5/1/97
4. FEI Number: 65-0651243
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. 199.001, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
STEPHEN M. GOODMAN
1650 S. DIXIE HWY, 3RD FL
BOCA RATON, FL 33432

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 607.0509 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: Stephen M. Goodman
DATE: 6/12/97

12. OFFICERS AND DIRECTORS
1. TITLE: PD, DELETED
NAME: STEPHEN COLANCILO
STREET ADDRESS: 1020 NW 6TH ST, Bldg H+I
CITY-ST-ZIP: DEERFIELD BEACH, FL 33442
2. TITLE: ST, DELETED
NAME: JOY MANCUSO
STREET ADDRESS: 1020 NW 6TH ST, Bldg H+I
CITY-ST-ZIP: DEERFIELD BEACH, FL 33442
3. TITLE: [] DELETED
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
4. TITLE: [] DELETED
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
5. TITLE: [] DELETED
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
1. TITLE: PD, Change: []
NAME: PAUL MANGIONE
STREET ADDRESS: 1650 S. DIXIE HWY, 3RD FL
CITY-ST-ZIP: BOCA RATON, FL 33432
2. TITLE: ST, Change: []
NAME: SHARLENE HAMMETT
STREET ADDRESS: 1650 S. DIXIE HWY, 3RD FL
CITY-ST-ZIP: BOCA RATON, FL 33432
3. TITLE: [] Change: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
4. TITLE: [] Change: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
5. TITLE: [] Change: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
6. TITLE: [] Change: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
7. TITLE: [] Change: []
NAME: []
STREET ADDRESS: []
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)(a), Florida Statutes, 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]
DATE: 6/12/97
1-800-984-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PAUL MANGIONE PRES

CR2FE034 (12/95)