

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

**APPROVED AND**

**A m e n d e d**

**97 OCT 27 AM 8:32**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**PROFIT CORPORATION  
ANNUAL REPORT  
1997**

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

**DOCUMENT # P95000051628**

1. Corporation Name  
**Select Publishing**

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

3. Date Incorporated or Qualified <b>7/3/95</b>	3a. Date of Last Report <b>5/1/97</b>
4. FEI Number <b>65-0651243</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>STEPHEN M. GOODMAN 1650 S. DIXIE HWY, 3RD FL BOCA RATON, FL 33432.</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	<b>S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAUL MANGIONE</b>	12 NAME	<b>DENISE BATTISTA</b>
STREET ADDRESS	<b>1650 S. DIXIE HWY, 3RD FL</b>	13 STREET ADDRESS	<b>1650 S. DIXIE HWY, 3RD FL</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>	14 CITY-ST-ZIP	<b>BOCA RATON, FL 33432.</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	21 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAYLENE HAMMETT</b>	22 NAME	<b>SHAYLENE HAMMETT</b>
STREET ADDRESS	<b>1650 S. DIXIE HWY, 3RD FL</b>	23 STREET ADDRESS	<b>1650 S. DIXIE HWY, 3RD FL</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33432.</b>	24 CITY-ST-ZIP	<b>BOCA RATON, FL 33432.</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	<b>700002333307--6</b>
STREET ADDRESS		33 STREET ADDRESS	<b>-10/29/97--01131--003</b>
CITY-ST-ZIP		34 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: Shaylene Hammett SHAYLENE HAMMETT 10/21/97 1-800-984-2660**

CR2E034 (9/96)