

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # P95000077198 (6)

1. Corporation Name

ELECTRONIC PUBLICATIONS SPECIALISTS, INC.



Principal Place of Business

Mailing Address

5507 TAMiami TR E
NAPLES FL 34113
US

5007 TAMiami TR E
NAPLES FL 34113
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6590 BEACH RESORT DRIVE

Suite, Apt. #, etc.

22 UNIT # 2

City & State

23 NAPLES, FL

Zip

24 34114-8584

Country

25 USA

2a. Mailing Address

26 6590 BEACH RESORT DRIVE

Suite, Apt. #, etc.

27 UNIT # 2

City & State

28 NAPLES, FL

Zip

29 34114-8584

Country

30 USA

3. Date Incorporated or Qualified

10/09/1995

4. FEI Number

65-0613218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAPPO, GARY F
605-8 AUGUSTA BOULEVARD
NAPLES FL 34113

10. Name and Address of New Registered Agent

81 Name

ZAPPO, GARY F

82 Street Address (P.O. Box Number is Not Acceptable)

6590 BEACH RESORT DRIVE

83

UNIT # 2

84 City

NAPLES

FL

85 Zip Code

34114-8584

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTD
ZAPPO, GARY F
STREET ADDRESS 605-8 AUGUSTA BOULEVARD
CITY-ST-ZIP NAPLES FL 33962

TITLE ☐ DELETE

NAME VSD
ZAPPO, JUDITH ANN
STREET ADDRESS 605-8 AUGUSTA BOULEVARD
CITY-ST-ZIP NAPLES FL 33962

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6590 BEACH RESORT DRIVE-UNIT #2
NAPLES, FL 34114-8584

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6590 BEACH RESORT DRIVE-UNIT #2
NAPLES, FL 34114-8584

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: Gary F Zappo - Gary F Zappo 4-28-98 (941) 417-0300

CR2E034 (10/97)