


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90007 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000092362 ✓		
1. Corporation Name CMD PUBLISHING CORPORATION		

Principal Place of Business 104 WEST JEFFERSON STREET TALLAHASSEE FL 32303	Mailing Address 104 WEST JEFFERSON STREET TALLAHASSEE FL 32303
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2. Principal Place of Business 21 217 South Adams Street Suite, Apt. #, etc. 22 City & State 23 Tallahassee Florida Zip 24 32301	2a. Mailing Address 26 217 South Adams Street Suite, Apt. #, etc. 27 City & State 28 Tallahassee FL Zip 29 32301 Country 30 Leon
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9. Name and Address of Current Registered Agent MIXON, M JUHAN 2630 NOBLE DRIVE TALLAHASSEE FL 32312	
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 12/05/1995	
4. FEI Number 59-3351790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MIXON, M. JUHAN		1.2 NAME	
STREET ADDRESS 2630 NOBLE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DUKES, GARNET L		2.2 NAME	
STREET ADDRESS 2630 NOBLE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information furnished 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: _____ **7/16/99** **P50-222-2591**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

590365-90007-21
P95000092362

CMD PUBLISHING

July 12, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs;

I am writing in reference to the 1999 Corporate Annual Corporate Report for CMD Publishing Corporation, FEI # 59-3351790. We moved to 217 South Adams Street back a number of months ago and our mail was to be forwarded to us by the Postal Service. We have encountered a number of problems with this forwarding process and have not received all of our mail over the past several months. Apparently, the annual report was one of these items. We just received the second notice from your office. The only reason we received this was because the people in our old office saw the second notice warning and walked it over to our new offices.

I am hoping that you will take this in to consideration and will accept our application and the earlier fee of \$150.00. If not we will certainly understand. Please contact us if this is not acceptable and we will send an additional amount.

Again, we are sorry for the mix up. We tried to send notices of change of address to as many people as possible, but this was one we missed.

Sincerely,



M. Juhan-Mixon
President
850-222-2591