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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

1006

	1990	DIVISION OF	CORPORATIONS		
DOCU 1. Corporation	MENT # P9500	00097508 (2)		
	BADOUR PUBLISHING CO	•	•		
Principal Plac	o of Business	Mailing Address			I MBILLA MBILLA IMLAT IMBOR MITIT DALOT IMIT 1001
1202 MARIA AVENUE 1202 MARIA AVENUE					
ALTAMONTE	SPRINGS FL 32701	ALTAMONTE SPRINGS	FL 32701		
				3. Date Incorporated or Qualified	3a. Date of Last Report
·				12/27/1995	nla
	Place of Business N CR 427	2a. Mailing Address	/ a // a ==============================	4. FEI Number	Applied For
Suite, Apt.		26 972 N . 6 Suite, Apt. #, etc.	CR 427	57-335281	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Flection Campaign Financing	
23 Low	gwood, FL 327	47 28 Lorgwo	12, FL 32	_ [\$5.00 May Be Added to Fees
ح الم	Country	Zip	Country	8. This corporation has liability fo	
24 > C	25 US PA	29 32750	30 USA		s N No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New	Registered Agent
SDBAKE	R, I. BURTON				
	RTH ORANGE AVENUE		82 Street	Address (P.O. Box Number is Not Accepta	ble)
SUITE 1			83	**	
	OO FL 32801				
	, , , ,		84 City		FL 85 Zip Code
 Pursuant or register 	to the provisions of Sections 607.05r	02 and 607,1508, Florida Statute	es, the above named co	rporation submits this statement for the pe board of directors. I hereby accept the app	rpose of changing its registered office
familiar wi	ith, and accept the obligations of, Se	ction 607.0505, Florida Statutes	ed by the corporation's	board of directors. I hereby accept the app	pointment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered au-	the second second second			
12.		ND DIRECTORS	IE Hogistized Agent signalus, n		DATE FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Description	62 Character (7) 43 (7)
NAME	KEPPER, EILEEN		1.2 NAME	Kapper / Eileen 1202 Manla A	D change D Addition
STREET ADDRESS	1202 MARIA AVENUE		1.3 STREET ADDRESS	1202 Manla A	le nue
CITY-ST-ZiP	ALTAMONTE SPRINGS FL 3		1.4 CITY - \$1 - 7IP	A (temente Spr	inss, FL 32701
TITLE	Vice Paritums Certson, Eric 4741-4 Luci	- Secrete PELETE	2.1 111.4		Change Addition
NAME	Carlson , aric	e Cust	2.2 NAME		
STREET ADDRESS	4141-4 606		23 STREET ADDRESS		
C-TY-ST-ZIP TITLE	Winter Pun	DELEJE	24 Cily-SI-Zif'		-
NAME		[] Mill	3 1 TITLE 3 2 NAME		☐ Change ☐ Addition
STREET ADDRESS					
C(Ty ST-ZIF			3.3 STPEFT ADDRESS 3.4 City - St - Zip		
TITLE		DELETE	4 3 TITLE		Change Addition
NAMÉ			4.2 NAME		El cossigo El Materiori
STREE! ADDRESS			4.3 STREET ADDRESS		
C-TY-ST-ZIP			4.4 CHY-ST-7IP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		The same	5.4 CITY - ST - 7IP	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME		☐ DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		ł

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 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.

64 CITY - ST- ZIF

SIGNATURE:

3/29/96 (407) 335-2309