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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN F STATE Sandra B. Mort

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097857 (3)

B.L. PUBLISHING, INC.

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FILED Jun 03 1997 8:00am Secretary of State



Principal Place of Business 61 NORTHWEST 47 STREET MIAM! FL 83127		Mailing Address 61 NORTHWEST 47 STREET MIAMI FL 33127-2407		F 1885;481 119 1050; State 48111 ABITE BALLA CALL FARBE SOLAL OLLIF LABS 1981		
1.				3. Date Incorporated or Qua 01/01/1996	dified 3a. Date	of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26 P.O. Box 530733		45-063029	16	Not Applicat
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desir	 1	\$8.75 Additional
22 6		27		S. Certificate of States Desir		Fee Required
City & State	e	City & State	e i	6. Election Campaign Finance	cing	\$5.00 May Be
23		28 MIAMI	PL	Trust Fund Contribution	L	Added to Fees
¥ip	Country	Zip	Country	8. This corporation has liabil		
24	25 Name and Address of Curren	29 33)53	[30] USA	F Iorida Statutes 10. Name and Address of N	Yes []	
THE			81 Name		ew Hegistered A	Join
	LAW FIRM OF LAWRENCE J SP ALMERIA AVENUE	TEGEL CANID	I PR	eankie B-Claston		
	ALMERIA AVERTUE IAL GABLES FL 33134		DE DUGGLAGG	ircaş (r. O. Dox Northber is Nor Ac	ceptable)	
COR	AL GADLES PL 33134		83	N.W47 Staggt		
			84 City	t and i	FL	85 Zip Code
44 Pureuant	to the provisions of Sections 607.050	2 and 607 1509 Florida Statu	in the above came act			banding its register
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the Sinte m familiar with, and secept the singe	of Florida. Such change was	authorized by the corpora	ition's board of directors. Thereby	accept the appoi	ntment as registere
agent I a	m familiar with, and looepy the obliga	ations of, Section 607.0505, FI	orida Statutes.		امداي	~
SIGNATURE	Bignature, typed or printed flame, registered age	nt and tille it applicable (NO	It Registered Agent signature requ	used when perior strong	<u> </u>	9.1
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO	OFFICERS AND D	DIRECTORS IN 12
TITLE	PD	DELENE	1 1 TITLE			Change Addit
NAME	LOFTON, JAMES W III		12 NAME			
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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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

med Michael Human

(200) ad8-6000