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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600002270 (2)

J.M. PUBLICATIONS INC.

Principal Prace	o of Business	Mailing Address		: ::::::::::::::::::::::::::::::	I <b>ga</b> na <b>gu</b> ala kana akan aban kaba
10 CENTRAL PI		10 CENTRAL PKWY.			
SUITE 230	NW I.	SUITE 230			
STUART FL 349	994	STUART FL 34994-5803			
				3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last Report
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1320	so federal lighter		ral Higher	y 65-0645913	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Sut	e 203	<u> </u>	203	5. Certificate of Status Desired	Fee Required
City & State	JART FIA	City & State  Stunkt	FIA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
23 34C	Country	Zin	Country	8. This corporation has liability for	
24 3499	94 25 USA	29 34994 3	- · · · ·		Yes No
	9. Name and Address of Current	1_1_		10. Name and Address of New Re	glatered Agent
MOG	AVERA, JOSEPH G JR.		81 Name 🛰	Eseph G. Mogav	ERO JR.
	ENTRAL PKWY.		82 Street Add	dress (P.O. Box Number is Not Acceptal	
	E 230		1320	south tradera	Highway
STU	ART FL 34994		83 50	ite 203	•
			84 City 5 +	unrt	FL 85 259994
11. Pursuani	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	, the above-named co	rporation submits this statement for the p	purpose of changing its registered
office or readers I as	egistered agent, or both, in the State o m kunikar with, and accept the obligati	r Floriga, Such change was aut ons 1, Scotion 607 0505, Florid	nonzeo by the corpora da Statutes.	rporation submits this statement for the pation's board of directors. I hereby acce	pt trie appointment as registered
SIGNATURE	Wed State 1	lusion			3.7.97
//	Signalcie: typing or pured name of registered agent OFFICERS AND		Registered Agent signature req	pulred when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
12.	OFFICERS AND	DINECTORS		Aesiden F	Change Addition
NAVE /		L.J OLLEGA		tacial C. Magavasa \	.≻ <sup>-</sup> ' -
STREET ADDRESS			1.3 STREET ADDRESS	320 So Federal H	ighues # 203
City-St-Zip			1.4 CITY-ST-ZIP	stunkt, fla	3/99 <sup>4</sup>
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-ZIP			2.4 CITY-ST-ZIP		Access Tables
THILE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CHY-SI-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		FT Perent	4.1 IIILE 4.2 NAME		Carried Carried
NAME STREET ADORESS			4.3 STREET ADDRESS		
CHTY+S1+ZIP			4.4 CITY - ST - ZIP		
THE		DELETE	5.1 TITLE		Change Addition
HARAC			5 2 WALE		<del></del>

14. If 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.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIF

T:TLE NAME

TOREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3-7-97

Daytime Phone #

☐ Change

Addition

**FILED** 

May 07 1997 8:00am

Secretary of State