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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000008337 (3)

EXPRESS PUBLISHERS, INC.

FILED May 11 1998 8:00am Secretary of State



Change

Change

Addition

Addition

Principal Place of Business Mailing Address 2200 KINGS HWY 3L 2200 KINGS HIGHWAY, 3L SUITE 48 PORT CHARLOTTE FL 33980 STE #48 PORT CHARLOTTE FL 33980 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0641369 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Crty & Stato 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name POWLES: LORA BABINS 2200 KINGS HWY. 3L SUITE 48 82 Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE FL 33980 83 Zip Code 84 City 11. Pursuant to the provisions of Sociions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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** ted name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TILLE POWLES, LORA NAME 1.2 NAME 2200 KINGS HWY. 3L SUITE 48 STREET ADDRESS 1.3 STREET ADDRESS PORT CHARLOTTE FL 33980 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME BABINS, C.M. 2.2 NAME 2200 KINGS HWY. 3L SUITE 48 STREET ADDRESS 2.3 STREET ADDRESS **PORT CHARLOTTE FL 33980** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THILE NAME 4. 2 NAME

6.4 CITY-ST-ZIP 14. Thereby 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 trustice 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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - 2IP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE