


FILED

Jun 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #  
1. Corporation Name  
P 960000 16533  
Q Publishing

Principal Place of Business  
19411 NW 5th Street  
Pembroke Pines, FL 33029

Mailing Address  
Same

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
February 20, 1996

3a. Date of Last Report

4. FEI Number  
65-0649205

Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution  
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
Yes No

9. Name and Address of Current Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

10. Name and Address of New Registered Agent

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  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
15 TITLE  
16 NAME  
17 STREET ADDRESS  
18 CITY-ST-ZIP  
19 TITLE  
20 NAME  
21 STREET ADDRESS  
22 CITY-ST-ZIP  
23 TITLE  
24 NAME  
25 STREET ADDRESS  
26 CITY-ST-ZIP  
27 TITLE  
28 NAME  
29 STREET ADDRESS  
30 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
15 TITLE  
16 NAME  
17 STREET ADDRESS  
18 CITY-ST-ZIP  
19 TITLE  
20 NAME  
21 STREET ADDRESS  
22 CITY-ST-ZIP  
23 TITLE  
24 NAME  
25 STREET ADDRESS  
26 CITY-ST-ZIP  
27 TITLE  
28 NAME  
29 STREET ADDRESS  
30 CITY-ST-ZIP

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 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 appointment with an address.

SIGNATURE  
4-26-97

CR2E034 (9/96)