SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032209 (4)

HUSS-ZWINGLI PUBLISHING, INC.

Principal Place of Business	Malling Address
6706 PINEHURST NORTH LAUDERDALE FL 33068	% NEIL S. SCHWARTZ ASS. P.O. BOX 872 SUFFERN NY 10901

FILED
Jul 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 22-3437728 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No 2X No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JEAN, SAMUEL 81 3846 HIGH PINE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 CORAL SPRINGS FL 33065 83 84 City Zip Code 85 Pursuant to the provisions of section office or registered agent, or both 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered he State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered actions of section 607.0505, Florida Statutes. agent. I am familiar with SIGNATURE DATE tered soent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Change Addition SAMUEL JEAN JEAN, SAMUEL S NAME 22B HIGHLAND RD. 17 ROOSEVELT AVE. STREET ADDRESS 1.3 STREET ADDRESS SOUTH DRANGE, N.J. 67079 EAST ORANGE NJ 07017 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE NEL JEAN 228 HIGHLAND RO. JEAN, NEL H NAME 2.2 NAME 17 ROOSEVELT AVE. STREET ADDRESS 2.3 STREET ADDRESS SOUTH ORANGE, N.J. 07079 EAST ORANGE NJ 07017 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE JEAN, FARAL G NAME 3.2 NAME 17 ROOSEVELT AVE. STREET ADDRESS 3.3 STREET ADDRESS EAST ORANGE NJ 07017 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY-ST-ZIP

14. I hereby certify that the information supplies with this minor loss 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 supplies with annual eport is true and accurred and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the consoration of 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 course attaching ent with an address.

1/15/98

212-965-9800

CR2E034 (5/98)