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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 01 1998 8:00am Secretary of State

| | 1930 | | | | , <u> </u> |
|---|---|--------------------------------------|--|--|------------------------|
| DOCU 1. Corporation | MENT # P96000 | 0038035 (7) | <u> </u> | | |
| RIDNTO | ON PUBLISHING, INC. | | | | |
| - | | | | | AND THE PROPERTY. |
| | | | | | |
| | ce of Business | Mailing Address | | The state of the s | |
| 300 SOUTH PINE ISLAND ROAD 300 SOUTH PINE ISLAND I | | | ROAD | | |
| 304 304 304 PLANTATION FL 33324 PLANTATION FL 33324 | | | | DO NOT WRITE IN THIS SE | PACE |
| US | 16 30024 | US | | 3. Date Incorporated or Qualified | |
| | | | | 05/09/1996 | |
| | | 2a. Mailing Address | ······································ | 4, FEI Number | Applied For |
| <u>21</u> 26 | | | | 58-2292786 | Not Applicab |
| 1 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & Stat | 10. | City & State | | | Fee Required |
| , - | i e | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| 23 Zip | Country | 28 | Country | 8. This corporation owes or has paid the curre | Added to Fees |
| 24 | 25 | | 10 | | Yes No |
| | 9. Name and Address of Curren | | | 10. Name and Address of New Registered Ag | |
| SA | RROW, JEFFREY A | | 81 Name | <u> </u> | |
| 300 SOUTH PINE ISLAND ROAD | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | |
| SUITE 304 | | | | | |
| PLANTATION FL 33324 | | | 83 | | |
| | | | 84 City | F-1 | 85 Zip Code |
| 44 Durawant | to the provisions of Sections 607 050 | and 607 1609 Florida Statutor | the above named | Correction submits this statement for the surpose of s | hanaina ita ragiatara |
| office or r | registered agent, or both, in the State | of Florida. Such change was au | thorized by the corp | corporation submits this statement for the purpose of c poration's board of directors. I hereby accept the appoin | nanging its registered |
| | | tions of, Section 607.0505, Flori | da Statutes. | | |
| SIGNATURE | Signature, typed or pfinted name of registered ager | it and title if applicable. (NOTE: I | Registered Agent signature | e required when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND D | |
| TITLE | D STANKING CAROL | ☐ DELETE | 1.1 TITLE | JENKINS CAROL | Change Addition |
| NAME | JENKINS, CAROL | | 1.2 NAME | 9779 TIGGR LILY PAIL | #2B |
| STREET ADDRESS | 3838 SW 52ND AVE HOLLYWOOD FL 33023 | | 1.3 STREET ADDRESS | LAUREL MD 207 | • |
| CITY-ST-ZIP TITLE | D D D D D D D D D D D D D D D D D D D | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| THAME | COFFIE, CALTON | | 2.2 NAME | 3041 SW 117 AV6 | E cutation CT accurate |
| STREET ADDRESS | 3838 SW 52ND AVE | | 2.3 STREET ADDRESS | DAVIE , FL 33330 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | | 2. 4 CITY - ST - ZIP | DAVIG , PL 35330 | |
| TITLE | D | ☐ DELETE | 3.4 TITLE | T. T. T. | Change Addition |
| NAME | KAPLAN, DANIEL L | | 3.2 NAME + | } | |
| "STREET ADDRESS | 8931 S. LAKE DAGH DR. | | 3.3 STREET ADDRESS | | |
| City-St-ZIP | PLANTATION FL 33324 | | 3.4. CITY - ST- ZIP | | 4 |
| MILE | VICE PRESIDE | ENT DELETE | 4.1 TITLE | j | Change |
| NAME | SHARON COFF | t h.e | 4. 2 NAME | | |
| STREET ADDRESS | 3041 SW 117 A | アン | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAVIE, FL | 33330 ☐ DELETE | 4.4 CITY-ST-ZIP | | Change Addition |
| TITLE | | □ Dereit | 5.1 TITLE 5.2 NAME | | Touguille Tit wooding |
| NAME STREET ADDRESS | | | 5.2 NAME 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 61 TITLE | | Change Addition |
| NAME | | _ | 6.2 NAME | 30000250898 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | -05/04/9801026 - 04 | 3 611 |
| CITY-ST-ZIP | | | 6.4 CITY-SY-ZIP | ***150.00 | ノ フリ |
| | | | | The second secon | |

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 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.

CIGNIATIIDE.

Lacon

Office v

4/23/96