

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

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1997 AUG -1 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000056898 (5)  
 1. Corporation Name  
 SOUTH FLA MAGAZINE SERVICE, INC.

Principal Place of Business: 5020 S.W. 122ND TERRACE COOPER CITY FL 33330  
 Mailing Address: 5020 S.W. 122ND TERRACE COOPER CITY FL 33330



DO NOT WRITE IN THIS SPACE

(NEW) - ADDRESS

2. Principal Place of Business  
 21 10242 NW 47 ST  
 Suite, Apt. #, etc.  
 22 SUITE 25  
 City & State  
 23 SUNRISE, FL.  
 Zip  
 24 33351  
 Country  
 25 USA

2b. Mailing Address  
 26 10242 NW 47 ST  
 Suite, Apt. #, etc.  
 27 SUITE 25  
 City & State  
 28 SUNRISE, FL.  
 Zip  
 29 33351  
 Country  
 30 USA

3. Date Incorporated or Qualified: 06/18/1996  
 3a. Date of Last Report: [Blank]  
 4. FEI Number: 65-0676603  
 Applied For: [Blank]  
 Not Applicable: [Blank]  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 NELMS, CHRISTOPHER J  
 5020 S.W. 122ND TERRACE  
 COOPER CITY FL 33330  
 10242 NW 47 ST # 25  
 SUNRISE, FL. 33351

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

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] DATE: 7/29/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NELMS, CHRISTOPHER J	
STREET ADDRESS	5020 S.W. 122ND TERRACE 10242 NW 47 ST	
CITY-ST-ZIP	COOPER CITY FL 33330 SUNRISE, FL. 33351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	600002262086--2
1.4 CITY-ST-ZIP	-08/08/97--01114--005
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	****165.00 ****165.00
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(j), 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.

SIGNATURE: [Signature] DATE: 8/11/97

CR2E034 (4/97)

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7/29/97

South Florida Mag. Svc. Inc.  
10242 NW 47 ST Suite 25  
Sunrise, Fl. 33351

To Whom it May Concern:

This letter address' the Annual Report Fee (late payment) of \$550.00. Upon receiving second notice, a call was made on 7/29/97 to Department of State in order to resolve this matter. Advisedly, the \$165.00 origination fee has been sent along with an explanation for delinquent payment. South Florida Magazine Serv. Inc. originated at previous address (5020 S.W.122nd Terr. Cooper City)and has since moved as of 8/96 to new address (10242 N.W.47th ST.).The first Annual Report Statement had not been received at our new address, and the second notice was hand delivered by new tenant/occupant, of old address. Being our first year incorporated, we were unaware of the annual fees due the Dept.

Please accept payment of \$165.00(orig. fee) as requested by Dept. of State, along with our apology as well.

Thank You,

South Fla. Mag. Svc. Inc.  
Chris Nelms-President

