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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057438 (9)

MAGNUM PUBLISHING COMPANY

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							100 14 11030 111		
801 NW 37TH AVENUE 801 NW 37TH AVENUE									
DELRAY BEAC		DELRAY BEACH FL 33445							
STRUCTURE STATE						DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified				
6 Bilana (6)	AD alases	Ta. III			07/09/1996				
2. Principal Pi	ace of Business	2a, Mailing Address	1		4. FEI Number			plied For	
21 (3000) Suite, Apt.	Park of Commerce	Suite, Apt. #, etc.			65-0682637			ot Applicable	
22 4 2		27			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State		City & State			6. Election Campaign Financing		\$5.00		
23 Delra		28			Trust Fund Contribution		Added t		
Zip	Country	Zip	Country	y	8. This corporation owes or has p	aid the curr			
24 33 44	25 USA	29	30	•	Personal Property Tax due Jun	_		No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
WA	s se rstrom, Keith		81	Name	(1)				
515 EAST LAS OLAS BOULEVARD					Idress (P.O. Box Number is Not Accepta	able)			
	TE 1500	10 4180 Que							
FORT LAUDERDALE FL 33301									
	1.		84	City			85 Zip 0	Code	
			•		o llxwood	FL	85 Zp. (3	021	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named co	orporation submits this statement for the ration's board of directors. I hereby according	purpose of	changing it	s registered	
onice or re agent. Lar	egi stered a gent, or both, in the state t n fami liar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flor	nnorizeo b ida Statute	y tne corpor s.	ration's board of directors. I hereby acci	ept the appo	intment as	registerea	
SIGNATURE	Vist Allans		4/:	28/95	7				
SIGNATIONE	Ston little, typeid or printed name of registered agen		Registered Ag	ent signature rec	quired when reinstating)	DAT			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF				
TITLE	DP	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	PERLMAN, JEFF		1.2 NAME						
STREET ADDRESS	801 NW 37TH AVENUE		1.3 STREE	1 Address				J	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY - 1	ST-ZIP					
TITLE	D	DELETE	2.1 TITLE				☐ Change	Addition	
NAME	Brady, Kevin		2.2 NAME						
STREET ADDRESS	801 NW 37TH AVENUE		2 3 STREE	I ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33445		2. 4 CiTY-	ST-ZIP					
TITLE	DST	☐ DELETE	31 TITLE				Change	Addition	
NAME	reiskind, steven		3.2 NAME						
STREET ADDRESS	801 NW 37TH AVENUE		3.3 STREET	ADDRESS					
CITY-SY-ZIP	DELRAY BEACH FL		3.4. CITY-	ST-ZIP					
TITLE		DELETE	4.1 TITLE]			Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS				ļ	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	[Change	Addition	
NAME			5.2 NAME					1	
STREET ADDRESS			5.3 STREE	T 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	F ADDRESS					
CITY-ST-ZIP			6.4 CITY-		· · · · · · · · · · · · · · · · · · ·				
Indicated a	on this annual report or supplemental	anoual report is true and accur	reto and th	at my siona	in Section 119.07(3)(i), Florida Statutes.	if made und	for noth: the	atlam an I	
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 eath; that I am an officer or director of the corporation or the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change I, or on any atachyrent with the address.									
Block 12 or Block 13 if change it or on an all aching ont with An address.									

MANATURE. At KIMMAN STEVEN PSICKIND HIDDIGS 561-265-16