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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600059627 (5)

THE WRITE SHOP, INC.

FILED Apr 28 1997 8:00am Secretary of State



Principal Pla	dress				# 100012001 110 10130 OLIVE ORIVE ORIVE ORIVE ABUS ORIVE ORIVE ORIVE ORIVE ORIVE ORIVE					
SS IRONWOO	OD WAY OH GARDENS FL 33418		55 IRONWOOD WAY PALM BEACH GARDENS FL 33418-3740							
TAUK DENV	n unnyend te syrio	THEM DEN	or, owner.	. 2 000	. 10		s. Date Incorporated or Qualified 07/15/1996	3a. Dat	e of Last R	eport
2. Principal	Place of Business	2a, Mailing	Address				4. FEI Number	_l	Ar	plied For
21		26					65-0687455		No	ot Applicable
Suite, Ap	ગ. #, etc.		.pt. #,⊧etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & St	tale	City & S	State			- 	6. Election Campaign Financing		\$5.00	May Re
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Cou	ıntry	*****	8. This corporation has liability for i	ntangible t	ax under s	. 199.032,
24	25	29		30					No.	
	g, Name and Address of Cu	rrent Registered Ag	gent				10. Name and Address of New Re	gistered A	gent	
J	OHNSON, NANCY G				81	Name				
	55 Ironwood way Palm Beach Gardens Fl 33418				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
17	ALM DENOTE CAMPETO I E CON	,,,,			83					
					84	City		E1	85 Zip	Code
L							poration submits this statement for the p	<u>FL</u>	Ļ.,,	
SIGNATURI	Signature, typed or printed name of registers	ed agent and title if applicable AND DIRECTORS	e. (NOT	E Registere	d Age	nt signature requ	iked when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	3S IN 12
TITLE	PRESIDENT		DELETE	1.1 T	ITLE			,	Change	Addition
NAME	NANCY G. JOHNS	ON		1.2 N	IAME					
STREET ADDRES	S SS IRONWOOD A	מקומני		1.3 5	TREET	ADORESS				
CITY - ST - ZIP	PALM BEACHGARD		118	1.4 0	ITY-S	1- 2 IP				
TITLE	SECY /TREASURER		DELETE	2.1 T	ITLE				Change	Addition
NAME				2.2 4	IAME					
STREET ADDRES		AT		2.3 \$	TREET	ADDRESS				
CITY - S1 - ZIP	PALM BEACH GARD	FX15, FL 35	418	2.4	CITY-!	ST-ZIP				
TITLE		,	☐ DELETE	3.1 1	ITLE				Change	Addition
NAME					IAME					
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TITLE			☐ DELETE	4.1 1					Frrm Outouta	L. Addition
NAME					NAME	ADDRESS				
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CHY-ST-7IP TITLE			DELETE		HTLE	51 - ZIF			Change	Addilion
NAME					NAME				-	
STREET ADORES	ec					ADDRESS				
CITY-S1-ZIP	20					ST-ZIP				
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NAME					VAME	ļ				
STREET ADDRES	ss					ADDRESS				
CITY-ST-ZIP						ST - ZIP				
0111-31-20		E 1 11 11 11 11					ed in Contine 410 07(3)(i) Elevide Ctatute	m I forethou	andifu the	+ the

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