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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065542 (8)

FILED
Jul 31 1997 8:00am
Secretary of State

MICRO-PUBS OF FLORIDA, INC. Principal Place of Business Mailing Address 2699 LEE ROAD. SUITE 200 WINTER PARK FL 32789 WINTER PARK FL 32789						DO NOT WRITE IN THIS SPACE			
l						3. Date Incorporated or Qualified		ite of Last I	Report
						08/06/1996			
	lace of Business	2a, Mailing A	ddress			4. FEI Number	7		pplied For
21		26				59-339346	در		ot Applicable
Suite, Apt.		Suite, Apt				5. Certificate of Status Desired			Additional equired
City & State	e	City & Sta	ato			6. Election Campaign Financing	_	• -	May Be
23		28		1		Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	<i>'</i>	This corporation owes or has p	_		
24	25 p. Name and Address of Curre	29	nt	[30]		Personal Property Tax due Jun 10. Name and Address of New R			_] No
A DI	RAMS, LEHN E	are mediateran was	111	81	Name	IV. Isamo and Address of New H	ofieralog \	Agent	
ADI 801	namo, lenn e 1 n. magnolia avenue, suiti	E 201							
	LANDO FL 32803	- EVI		82	Street Add	fress (P.O. Box Number is Not Accepta	able)		
On	D4400 1 E 32000			83					
				<u> </u>					
				84	City		FL	85 Zip	Code
TI. Pursuant		JUZ BIILU QQT, 1000, FI	lorida Statute	es, the above	e-named corp	poration submits this statement for the	purpose of	changing	ita rugiaterau
SIGNATURE						poration submits this statement for the alion's board of directors. I hereby accu-		changing ointment as	registered
SIGNATURE	Signature, typed or printed name of registered a					poration submits this statement for the ation's board of directors. I hereby accu- med whomenstating) ADDITIONS/CHANGES TO OFF	DATE		
SIGNATURE	Signature, typed or printed name of registered at OFFICERS AI	gent and little if applicable		E. Registered Age		nred w'von reinstating)	DATE		RS IN 12
SIGNATURE	Signature, typed or printed name of registered at OFFICERS AID STINE, BRADLEY C	gont and life if applicable ND DIRECTORS	(NOT	E Registered Age		nred w'von reinstating)	DATE	DIRECTO	RS <u>IN</u> 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS AID STINE, BRADLEY C 2899 LEE ROAD, SUITE 200	gont and life if applicable ND DIRECTORS	(NOT	E Registered Age	oni signature requ	nred w'von reinstating)	DATE	DIRECTO	RS <u>IN</u> 12
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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 13 if changed, or on an attachment with an address.

42-4 C

Room C Strie T 144 1993 AL 1993