## 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 # P96000069540 (8)

HOLIDAY PUBLICATIONS WORLDWIDE, INC.

**FILED** May 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				I INGINERI IN INKO BINI EBIN DERK ODKI DI	1410 OLICE IDIDI BULL BEBLI BELI FORI
4360 PETERS RD 4360 PETERS RD FT LAUDERDALE FL 33317 FT LAUDERDALE FL 33317		•			
5.500.15	not to own	TT CHUDENDACE FL 3001	•	DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a. Mailing Address		08/19/1996	
21	INCO OF BUSINESS	28. Mailing Address		4. FEI Number 65-0690753	Applied For
Suite, Apt. #, etc.   Suite, Apt. #, etc.			-	Not Applicable  \$8.75 Additional	
27		27		5. Certificate of Status Desired	Fee Required
City & State I City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	<b>28</b> ]	Couleton	Trust Fund Contribution	
24	25	29	Country 30	This corporation owes or has paid to     Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent			[30]	10. Name and Address of New Regist	
VE	NIS, HARRY		81 Name		
2455 E SUNRISE BLVD, PENTHOUSE NORTH			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33304			GIOCI Add	roas (r.:o Box radinder is radi Acceptable)	
			83		
			84 City		85 Zip Code
44 Durawant	to the provisions of Section 607 O	000 and 007 1500 Flacida Oct.			FL   T
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, typod or profiled name of trigistered eyent and trile it applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D NEW TYPE	☐ DELETE	1.1 TITLE		Change Addition
NAME VENIS, HARRY STREET ADDRESS 2455 E SUNRISE BLVD, PENTHOUSE NORTH		1.2 NAME			
STREET ADORESS	FT LAUDERDALE FL 33304	NITIOUSE NORTH	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TT DAUDENDALE TE 33304	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		L. Change L. Addition
STREET ADDRESS			23 STREET ADORESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Theres	3.4. CITY-ST-ZIP		
TITLE NAME		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	A	( )	6.4 CITY - ST - ZIP		

es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in