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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600072763 (1)

BROCHURE FACTORY, INC.					
Principal Place of Business	Mailing Address		1 (09)/1891 (40 18/14 0/1/1/ 00/1/ 00/1/ 00/	111 00 171 10010 11011 10010 611	100 100 100
1500 NORTHWEST 3 STREET. SUITE 104 DEERFIELD BEACH FL 33442		1500 NORTHWEST 3 STREET, SUITE 104 DEERFIELD BEACH FL 33442-1608			
			 Date Incorporated or Qualified 09/03/1996 	3a. Date of Last f	Report
2. Principal Place of Business	2a, Mailing Address		4. FEI Number 65~0692929	A	pptied For
Suite, Apt. #, etc.	26		03-0092929		ot Applicable
2	27		5. Certificate of Status Desired	1 1	Additional lequired
City & State	City & State		8. Election Campaign Financing	\$5.00	May Be
3	28		Trust Fund Contribution		to Fees
Zip Country 25	Zip	Country	8. This corporation has liability for	intangible tax under :	s. 199.032,
	29 of Current Registered Agent	30	Florida Statutes L. 10. Name and Address of New Re		
AMERILAWYER CHARTERE	_	81 Name			
343 ALMERIA AVENUE		62 Street Add	VTHONY SPANO Iress (P.O. Box Number is Not Accepta	hie)	
CORAL GABLES FL 33134		1500	NW 3rd St H	103	
•		83			
-		84 City	f., \ (a)	85 Zip	Code
•		Dee	rheld beach	FL 3	344Z
 Pursuant to the provisions of Section office or registered agent. at Both, in 	is 607.0502 and 607.1508, Florida Statul Lithe State of Florida. Such change was Lithe obligations of, Section 607.0505, Fl	les, the above-named corp authorized by the corpora	poration submits this statement for the partion's board of directors. I hereby acce	purpose of changing i of the appointment as	its registere s registered
agent. Larri familiar willi, in faccept	t the obligations of, Section 607.0505, Fl	orida Statutes.		11.	J
· ///	- 1 T				
SIGNATURE	PIESIDEATT	F Registered Apply signature requi	Spano	3/4/97	
SIGNATURE Signature, typed or printed haze of r		E Registered Agent signature requi	ired when reinstating)	DAYE CERS AND DIRECTOR	RS IN 12
SIGNATURE TO PURISH A DEC OF PURISH A DECORPTION A DEC	registered agent and tille if applicable (NO)		SpanO ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DANE CERS AND DIRECTOR Change	
SIGNATURE Specifier printed name of a Deptition of the Community of the Co	registered agent and tille if applicable (NOT CERS AND DIRECTORS	TE Registered Agent signature requi	ired when reinstating)		
SIGNATURE 12. OFFI IIILE PSTD SPANO, ANTHONY 1500 NORTHWEST 3	ugitiered agent and tille if applicable (NOT CERS AND DIRECTORS DELETE STREET, SUITE 104	13. 1.3 TIFLE	ired when reinstating)		
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Secretary of State