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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90045 011 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000073311

PUBLISHERS TECHNOLOGIES INC.

Principal Plac	ce of Business	Mailing Address			C constant to chick bisti	CB III CB III CB III CB I		84 166 B) 1181 1881
9715 W. BROW	VARD BOULEVARD	9715 W. BROWARD BOULE	EVARD					
SUITE 132 SUITE 132								
PLANTATION FL 33324 PLANTATION FL 33324					WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qu 09/04/1996	alifed		
· · ·	Place of Business ,	2a. Mailing Address			4. FEI Number		_ A	Applied For
21		26			65-0693810	•		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certifcate of Status Desi	red 🗌	•	Additional Required
City & Stat	te	City & State			6. Election Campaign Final	ncing	\$5.00	May Be
23		28			Trust Fund Contribution	9	Added	to Fees
Zip	Country	Zip	Count	у .	8. This corporation owes th	e current year l		
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curr				10. Name and Address of	New Registere	d Agent	
DEN	IINSULA REGISTERED AGENTS	NO.	8	1 Name				
200	SOUTH BISCAYNE BOULEVAR		8:	2 Street	Address (P.O. Box Number is Not A	cceptable)		
	4874		8	3	194 蒙古 海龍湖	的指数数	11300000000000000000000000000000000000	
MIAI	MI FL 33131		<u>-</u>	4 00		(4.1) 3.1 Lat 7 6 5 1		
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11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida Statute	es, the abo	ve-named	corporation submits this statement for	or the purpose	of changing it	s registered
	egistered agent, or both, in the Sta im familiar with, and accept the obli				oration's board of directors. I hereby	accept the app	ointment as r	egistered
	da	30.110.110 011 000.110.1100.1100.001, 1 101						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	: Registered Age		equired when reinstating)	DATE	ŧ	
SIGNATURE		gent and title if applicable. (NOTE:	: Registered Age		required when reinstating) 1944 ADDITIONS/CHANGES T		ND DIRECT	ORS IN 12
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP