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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90218 034 ***150.00

DOCUMENT # P96000081584

JW PUBLISHING, INC.

Principal Place of Business		Mailing Address			7	1 16 8 118 81 118 (81) 8 81111 8 8111 9	8311 80 181 8 819 14); (§(() BIB) (BB)	
11406 BAY STREET, NE		11408 BAY STREET. NE								
ST. PETERSBURG FL 33716		ST. PETERSBURG FL 33716		1	DO NOT WE	ITE IN TH C	SDACE			
					DO NOT WRITE IN TH S SPACE 3. Date incorporated or Qualified					
							0/02/1996			ľ
2 Principal Pl	ace of Business	2a. Mailing Address				El Nu nber		A	pp ied For	
21		26 P.O. Box 20573					9-3449399		 	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8.75	Additional
22						5. 0	ertificate of Status Desired			lequired
City & State		City & State				- 6. E	lection Campaign Financing			May Be
23		28 ST. PETERSBURG, FL					rust Fund Contribution			to Fees
Zip	Country	Zip	Coún	-		1	his corporation owes the cut	rent year Int		ren.
24	25	_ 	30 U	5 <u>A</u>			ersonal Property Tax. Iame and Address of New	Bogintorod	Yes	[B No
	9. Name and Address of Curren	Registered Agent		81 1	Name	10. N	iame and Address of New	Registered	Agent	
ALLA	IN & SHIPP, P.A.		Ľ							
6675 13TH AVENUE N.			[82	Street Acdr	ress (P.C). Box Number is Not Accept	table)		
SUITE 2-C			<u>-</u>	83						
ST. PETERSBURG FL 33710			[-,	
					City			FL	. `	C ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the ab	ove-n	named ccrp	oration s	submi s this statement for the	e purpose of	changing it	s registered
office (rn agent. Ia	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was aut Bons of, Section 607.0505, Fl∋ric	morizea da Statui	by the tes.	e corporatio	on s boai	rd of directors, I hereby acce	thr rue apt or	nunent as i	agistered
SIGNATUF E										
	Signature, typed or printed name of registered agen		-	igent si	gnature required			DATE		
	OFFICERS AN		13.			AD	DITIONS/CHANGES TO O	-FICERS AN	DIRECT Change	
TITLE	D DEN JEEEDEN	☐ DELETE	1.1 TITL						Change	
NAME	NOREN, JEFFREY		1.2 NAME 1.3 STREET.							
STREET ADDRESS	11408 BAY STREET NE				1					
CITY-ST-ZIP	ST. PETERSBURG FL 33716	DELETE	1.4 CITY-S' 2.1 TITLE		<u> </u>				Change	Addition
TITLE	D NAVNE	- OCCU	1							
NAME	LAROCHE, T. WAYNE 11408 BAY STREET NE		2.2 NAM		DOFFEE					1
STREET ADDRI SS	ST. PETERSBURG FL 33716		2.3 STREE 2 4 C/TY-1							
CITY-ST-ZIP TITLE	SI. PETENSBONG FE 33/10	□ DELETE	3.1 TITE		<u> </u>				Change	Addition
NAME			3.2 NAM	_	ł				_ •	
STREET ADDRESS					DDRESS					
ļ			34 CIT							
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE						Change	Addition
NAME			4. 2 NA							
STREET ADDRESS					DORESS					
CITY-ST-ZIP			4.4 CIT							
TITLE		☐ DELETE	5.1 TITL						Change	Addition
NAME			5.2 NAM	ΑE						
STREET ADDR :SS			5.3 STR	REETAD	ODRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	IP]					
TITLE		☐ DELETE	6 1 TITL	Ē					Change	Addition
			6.2 NAS	4E						

14. There by 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 indical ed 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 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 change 1, or on an attachment with an address, with all other like empowered

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDR ESS

CITY-ST-ZIP

576 0677