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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000083064

1. Corporation Name

KERN PURILISHING AND PRODUCTIONS INC

NLINY FY	ADEIGHING AND PHODOCT						
Principal Place	of Business	Mailing Address				,,,,	
1111 HORIZON VIEW P.O BOX 3319 SARASOTA FL 34242 SARASOTA FL 34290					DO NOT WRITE I	N THIS SDACE	
US					DO NOT WRITE IN THIS SPACE		
	_				3. Date Incorporated or Qualifed 10/08/1996	· · · -	
2. Principal Pl	2a. Mailing Address			4. FEI Number		Applied For	
		26					Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22	<u> </u>	[27]				Fee	Required
City_&_State	City & State	y & State		6. Election Campaign Financing		00 May Be	
23 28			0		Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Count ¬	ry	8. This corporation owes the current	year Intangible Yes	□No
24		29 30	<u> </u>		Personal Property Tax.		UND _
	9. Name and Address of Curren	it Registered Agent		1 Name	10. Name and Address of New Regi	Stereu Agent	
KEDI	N MARTIN I		l°	Name			
KERN, MARTIN J 111 HORIZON VIEW			8	2 Street Addre	treet Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34242							
SAN	MOUTA FL 34242		8	3			,
•			8	4 City		FL 85 Z	Lip Code
SIGNATURE		> X Martin	$\supset Z$	Kerr	oration submits this statement for the purn's board of directors. I hereby accept the	e appointment as	s registered
	Signature, typed or printed name of registered age	nt and life if applicable. (NOTE: Re	gistered Ag	ent signature required	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
12.	PSTD	DELETE	1,1 TITUE		ADDITIONO/OFFAITOES TO STITIO	Chan	
	KERN, MARTIN J		1.2 NAM	i			_
NAME	1111 HORIZON VIEW			ET ADDRESS			
STREET ADDRESS	SARASOTA FL 34242		1.4 CITY				ľ
CITY-ST-ZIP			2.1 TITLE			☐ Chan	ge Addition
	_ , [		2.2 NAM				_
NAME				EET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	2. 4 CITY 3.1 TITLE		<del></del>	☐ Chan	ge Addition
TITLE NAME	يستنفذه فيهويه		3.2 NAM				
				ET ADDRESS			1
STREET ADDRESS			3.4. CITY				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Chan	ge Addition
NAME		_ :	4. 2 NAM	1			
STREET ADDRESS				ET ADDRESS			
			4.4 CITY				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Chan	ge Addition
NAME		<u></u>	5.2 NAM		•	_	_
				ET ADDRESS			}
STREET ADDRESS			5.4 CITY				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Chan	ge Addition
NAME	[		6.2 NAM			_	_
STREET ADDRESS			•	EET ADORESS			
				ı			1

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 any 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATUR

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90015 048 \*\*\*150.00