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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085466 (6)

SCRIPTS PUBLISHING COMPANY

Principal Plac	e of Business	Mailing Address	FIFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	·			
10603 NORTHWEST 49TH PLACE 10603 NORTHWEST CORAL SPRINGS FL 33076 CORAL SPRINGS							
			n/#11-#1-#1-#1-#1-##1-##1-		3. Date Incorporated or Qualified 10/16/1996	3a. Date of Last R	leport
 1	lace of Business	2a. Mailing Address			4, FEI Number	p-=	oplied For
21 Suite, Apt #, etc		Suite Apt. #, etc.	Suite Apt. #, etc.		59-34100.69 Not Applies 88.75 Additiona		
22		27			5. Certificate of Status Desired	1 1 7 1 1	equired
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23	[28]		Caunta		Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	Country		8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes Yes No		
24	9. Name and Address of Cu		301		10. Name and Address of New Regi		
HAN	MILTON, EDWIN B SR.		81	Name			
	03 NORTHWEST 49TH PLAC	E	82	Street Add	fress (P.O. Box Number is Not Acceptable	<u></u>	
CORAL SPRINGS FL 33076			52 Street Aux		mess (1.0. box realmost is real Acceptable	· · · · · · · · · · · · · · · · · · ·	
• • •			83				
			84	City		85 Zip i	Code
	10			,			
office or r	egistered agent, or both, in the S	tate of Florida. Such change was a	uthorized by	the corpora	poration submits this statement for the putation's board of directors. I hereby accept	rpose of changing it the appointment as	ts registered registered
agent La	m familiar with, and accept the ol	bligations of Section 607.0505, Flo	rida Statutei	S .			
SIGNATURE	Electric branders blode my elements	demonstrate the description of the second	6			5. 176	
12.	Signature, typed or printed name of registere OFFICERS	AND DIRECTORS	13.	int signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DS AND DIRECTOR	OS INI 12
1-11.6	PSTD	DELETE	1.1 TITLE		ADDITIONS/OF IANGES TO OF FOL	Change	Addition
NAMÉ	HAMILTON, EDWIN B SR.	_	1.2 NAME				
STREET ADORESS	10603 NORTHWEST 49TH	PLACE	1.3 STREET	ADDRESS			
City-St-7iP	CORAL SPRINGS FL 33076		1.4 CITY - S				
TILE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIF	747		2. 4 CITY - 5	ST-ZIP			
1171.6	☐ DELETE		3 1 TITLE			☐ Change	Addition
NAME			3.2 NAME	. [
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-7/f*		T DELETE	3.4. CITY-5	ST-ZIP		17 6	1.449
TOTAL		☐ DELETE	4.1 TITLE			L. Change	☐ Addition
NAME STUDY CARROSS			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY+ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CiTY - S 5.1 TITLE	F-ZIP		Change	Addition
NAME		La pricil	5.7 HILLE 5.2 NAME			CT Cuange	L Addition
STREET ADDRESS			5.3 STREFT	Annesss			'
CITY - ST - ZIP			1				Ì
TITLE	DELETE		5.4 CITY-ST-ZIP 6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				_
STREET ADDRESS			6.3 STREFT	ADDRESS			
CITY - ST - ZIP			6.4 CITY-S				
14. I do heret	by certify that the information sup-	plied with this filing does not qualify	y for the exe	mption state	d in Section 119.07(3)(i), Florida Statutes.	I further certify that	the
l am an of	n malcated on this annual report flicer or director of the corporatio n Block 12 or Block 13 if changer	n or the receiver or trustee empower	ered to exec	nate and tha ute this repo	it my signature shall have the same legal ort as required by Chapter 607, Florida Sta	allect as it made und itutes; and that my r	uer oain; that name

NAME OF SIGNING OFFICER OR DIRECTOR