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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham 🖢

**FILED** 

May 12 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000090905 (6)

PLAININ	JM DUR FUBLISHING, INC.	•		
Principal Place	a of Business	Mailing Address		
2200 N. FLORIDA MANGO RD., 2ND FL. WEST PALM BEACH FL 33409		2200 N. FLORIDA MANGO RD., 2ND FL. WEST PALM BEACH FL 33409-6448		
				3. Date Incorporated or Qualified 3a. Date of Last Report 11/06/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0457944 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		City & State		ree Hequired
23		<u></u>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28 Zip	Country	
24	25	<u></u>	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \square\) Yo
	9. Name and Address of Currer		1001	10. Name and Address of New Registered Agent
SLA	VIN, MICHAEL A	· · · · · · · · · · · · · · · · · · ·	<b>81</b> Na	Namo
	O PGA BLVD., STE. 402		B2 Str	Street Address (P.O. Box Number is Not Acceptable)
	M BEACH GARDENS FL 33410		<b>62</b> Str	Street Address (r.O. Box number is not Acceptable)
· I			83	
•			84 Cit	Ditt.
			84 Cit	City FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statule	es, the above nar	amed corporation submits this statement for the purpose of changing its registered ne corporation's board of directors. I hereby accept the appointment as registered
ovice or r agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	orida Statutes.	ne corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		,		
	Signature, lyped or printed name of registered ago			signature required when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PUDD MODIE	☐ DELETE	1,1 THLE	Change Addition
NAME	DURR, NICOLE 2200 N. FLORIDA MANGO RD	AND EI	1.2 NAME	
STREET ADORESS	WEST PALM BEACH FL 33409		1.3 STREET ADDRI	
CITY-ST-ZIP	WEST FALM DEAUTIFL 3340	DELETE	1.4 CHY-S1-ZIP	
TITLE		L.J DELETE	211IILE	L_1 Change L_1 Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRE	
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 City - \$1 - 7iP 3.1 Title	ZIP Change Addition
NAME		La Mich	3.7 TITLE 3.2 NAME	L_I Change L_J Adultion
STREET ADORESS			3.2 NAME 3.3 STREET ADDR	22300
			3.3 FIREET AUDRI	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME		La rece	4. 2 NAME	- Change Distance
STREET ADDRESS			4.3 \$TREE! ADDRE	DRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Į.
TITLE		DELETE	5.1 TULE	Change Addition
NAME		-	52 NAME	share the state of the sta
STREET ADDRESS			5.3 STREET ADDRE	DRESS
CITY-ST-ZIP			5.4 ÇITY-S1-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME		_	6.2 NAME	·
STREET ADDRESS			6.3 STREET ADDR	DRESS
3.122.7.201.00		1	U.S. Q. MELT MODIL	= -

14. I do hereby certify that the information supplied with the tip of 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 supplyment annual report is true anni 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 reported or trusted employee of the exemption of the corporation or the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or the product of the corporation or the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or the product of the corporation or the report of the corporation of the corporation or the report of t