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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000097509 (9)

CUSTOM PUBLISHING SERVICES, INC.

Principal Place of Business

Mailing Address

1602 EAST CAMINO DEL RIO

1602 EAST CAMINO DEL RIO

FILED Mar 14 1997 8:00am Secretary of State



VERIO BEACH FL 32963		VERO BEACH FL 32963-2220						
					3. Date Incorporated or Qualified 11/25/1996	3a. Date of t	'	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21 9090 US 1, Box 1 25 9090 US			100	× I	65-0116800		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional ee Required		
City & State 23 Sebastian, FL		City & State 28 Sebastian		L	Election Campaign Financing Trust Fund Contribution	<u> </u>	5.00 May Be dded to Fees	
Zip 24 う てり	Country USA 25 Two, KNER	29 70 (2329/35)	Country	\SA	This corporation has liability for in florida Statutes	ntangible tax ur Yes 🔲 No	ider s. 199.032,	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
ROBERTS, JUDITH M				81 Name				
1602	PEAST CAMINO DEL RIO		82 Street Address (P.O. Box Number is Not Acceptable)					
VER	O BEACH FL 32963							
			83	}				
			84	City		FL 85	Zip Code	
11 Pure and to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the above named corporation submits this statement for the purpose of changing its registrated								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam (amiliar with, and accept the obligations of,) cetion 607 (505, Florida Statutes								
SIGNATURE Agridually vised of printed havine of regis treed agents and tise of significant like (IXOI) is the graphed Agent stignarius regulated when translationary of regis treed agents and tise of significant like (IXOI) is the graphed Agent stignarius regulated when translationary of the printed part of the part of the printed part of the pa								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12	
TITLE	0	☐ DELETE	11100			Ch	nange Addition	
NAME	ROBERTS, JUDITH M		1.2 NAME]	
STREET ADDRESS 1602 EAST CAMINO DEL RIO			1.3 STREET ADDRESS					
CITY-ST-ZIP "	VERO BEACH FL 32963	32963		31 - 71P				
TITLE		DILETE 2.11				☐ Cr	nange 🔲 Addition 🤇	
NAME			2.2 NAME			•		
STREET ADDRESS			2.3 STREET ADDRESS					
City-St-ZiP			2 4 CITY - ST - 7IP					
TITLE			3 1 1111.			Cr	nange 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP			3.4 COY-	S1-21P				
TITLE		DELETE	4.1 TillE			CH	nange 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4 4 CHY - 5	S1 - 71P				
TITLE		DELETE		1 11/1E		□ Cr	nange 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 C(1) · 9	31 - ZUP			1	
TITLE		☐ DELETE	6 1 THTLF			☐ CI	ange 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY - S	H-710				
	by certify that the information sumplied	with this filing done not qualify to			d in Section 119 07/3/(i) Florida Statutos	Lituthor corlif	u that the	

I do hereby certify that the information supplied with this filling 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 eath; 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.