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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POGOCOCOTTO

| 1. Corporation EMPLOY | MENT PUBLICATIONS, INC | | | | | : 100/100 HB 10HB BIHL 10HH 10HH 10HH 10HH 10HH 10HH | n 10470 4 07 01 40 0 10 1 | *** ********************************* |
|--|--|--|--|--|-----------------------|---|--|--|
| | • | | | | | | | |
| Principal Place | of Business | Mailing Address | - | | | [| | 9061 1787 1881 |
| 3417 SE 19HT | | 3417 SE 19TH AVE | | | | | | • |
| CAPE CORAL FL 33904 US | | CAPE CORAL FL 33904 US | | | | DO NOT WRITE IN THE | S SPACE | |
| 03 | | 03 | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 11/27/1996 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | App | plied For |
| | west First_st. | 26 | | | | 65-0711596 | | t Applicable |
| Suite, Apt. | - | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | \$8.75 A Fee Red | |
| City & State | 504 | City & State | | | | C. Stadios Compiles Singaping | | |
| ر | 6A - 151 | 28 | | | - | 6. Election Campaign Financing Trust Fund Contribution | *** \$5.00 t Added to | - 1 |
| 23 For + Zip | Myers, PL | Zip | Country | , | | 8. This corporation owes the current year li | | |
| 24 3390 | 25 0 (| 29 30 | آ ا | | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Curren | it Registered Agent | | , | | 10. Name and Address of New Registered | l Agent | |
| On | CON THEODODE | | 81 | Nar | ne | | | |
| | 'SON, THEODORE ' SE 19TH AVE | | 82 | Stre | et Addre | ess (P.O. Box Number is Not Acceptable) | - 1 | |
| | E CORAL FL 33904 | | 93 | — | | | | |
| UNI | E COMMETE 00004 | | 83 | | | | | |
| | | _ | 84 | City | | F | 85 Zip C | Code |
| | | | | | | | f changing ite | rogietarad |
| 11. Pursuant | to the aravisions at Sections 607.050 | 2 and 607.1508. Florida/Statutes. | the above | e-nam | ed compo | oration submits this statement for the purpose t | n changing its | registereu |
| 11. Pursuant office or re | to the provisions of Sections 607.050 egistered agents or both, in the State | 2 and 607.1508, Florida Statutes, of Florida. Such change was authorida. | the above orized by Statutes | e-nam | ed corpo orporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the appoint | ointment as reg | jistered |
| office or re agent. I a | to the provisions of Sections 607.050 egistered agent or forth, in the State m familiar with, and accept the obliga | 2 and 607.1508, Florida Statutes, of Florida. Such change was authorious of, Section 607.0505, Florida | , the above lorized by a Statutes | e-nam the co | ed corpo orporatio | in's board of directors. I nereby accept the appl | omunent as reg | gistered |
| 11. Pursuant office or re agent. I al SIGNATURE | egistered agent or both, in the State m familiar with, and accept the obliga | of Herida. Such mange was auth- ntions of, Seoflow 607,005, Florida of and tiget applicable. (NOTE: Re | orized by a Statutes egistered Agen | the cos. | orporatio | in a board of directors. I nereby accept the appropriate the propriate of | 999 | Jistered . |
| office or reagent. I as SIGNATURE | egistered agent or both, in the State m familiar with, and accept the obliga constitution of the state of the obligation of the state of the obligation of the state of the obligation of the state of t | of Herida. Such Phange was authoritions of, Seotop 607/0505, Florida intendition applicable. (NOTE: ReND DIRECTORS | a Statutes | the cos. | orporatio | n's board of directors. I nereby accept the appli | 799 ND DIRECTO | RS IN 12 |
| office or reagent. I as SIGNATURE 12. | egistered agent or both, in the State m familiar with, and accept the obliga companie, typed or printed name of registered agent OFFICERS AN | of Herida. Such mange was auth- ntions of, Seoflow 607,005, Florida of and tiget applicable. (NOTE: Re | a Statutes egistered Agen 13. 1.1 TITLE | the cos. | orporatio | in a board of directors. I nereby accept the appropriate the propriate of | 999 | Jistered . |
| office or reagent. I as SIGNATURE 12. TITLE NAME | egistered agent or both, in the State m familiar with, and accept the obligation of the control | of Herida. Such Phange was authoritions of, Seotop 607/0505, Florida intendition applicable. (NOTE: ReND DIRECTORS | a Statutes egistered Agen 13. 1.1 TITLE 1.2 NAME | the co | orporatio | in a board of directors. I nereby accept the appropriate the propriate of | 799 ND DIRECTO | RS IN 12 |
| office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS | egistered agent or both, in the State m familiar with, and accept the obligation of | of Herida. Such Phange was authoritions of, Seotop 607/0505, Florida intendition applicable. (NOTE: ReND DIRECTORS | a Statutes egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET | the co | orporatio | in a board of directors. I nereby accept the appropriate the propriate of | 799 ND DIRECTO | RS IN 12 |
| office or ragent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent or both, in the State m familiar with, and accept the obligation of the control | of Herida. Such phange was auth titions of, Seotop 607/9505, Florida int and title if applicable. (NOTE: Re ND DIRECTORS | egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET | the co | orporatio | in a board of directors. I nereby accept the appropriate the propriate of | 799 MD DIRECTO ☐ Change | RS IN 12 |
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CITY-ST-ZIP 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 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 of 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS