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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700006968 (6)

POSIE PUBLISHING, INC.

FILED Mar 16 1998 8:00am Secretary of State

, , ,					
Principal Place	e of Business	Mailing Address			I ABOID BOILD IBIOD BIODS IDIT IDE
226 SULKY W		226 SULKY WAY			
WELLINGTON FL \$3414		WELLINGTON FL 33414		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
				01/24/1997	
2. Principal Place of Business		28. Mailing Address 26 119 By Forest Hir Blud		4. FEI Number 05-0118896	Applied For Not Applicable
Suite, Apt.	#. elc.	26 Suite. Apt. #, etc.	TO WILL TOW	· · · · · · · · · · · · · · · · · · ·	\$8.75 Additional
22		27 Suite 22-302		5. Certificate of Status Desired	Fee Required
City & State		City & State	Ci.	6. Election Campaign Financing	\$5.00 May Be
23]	Country	28 Well M976	Country	Trust Fund Contribution	Added to Fees
24 Zip	25	29 33414	30 11SA	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible
27]	9. Name and Address of Currer		30 (1-1)	10. Name and Address of New Register	
THOMPSON, MELISSA B1 Name					
226 SULKY WAY			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
WELLINGTON FL 33414			63		
			03		
			84 City		85 Zip Code
11, Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purpos	se of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered age OFFICERS AN		Registered Agent signature requ		
12.	D OFFICERS AN	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	THOMPSON, MELISSA	- -	1.2 NAME		
STREET ADDRESS	226 SULKY WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY - ST - ZIP		
TITLE	D OWNERS OF BRICKS	DELETE	2.1 TITLE	Samontha Macgoll	Change Addition
NAME	DIMATTEO, CARMELLA 961 MEADOW AVE		2.2 NAME	1381 Sailbort Circ	لعد
STREET ADDRESS	WELLINGTON FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	1120 linaton Fi 3	Set KT
CITY-ST-ZIP TITLE	D	DELETE	3.1 TITLE	DENVISION, TO S	Change Addition
NAME	THOMPSON, DENNIS		3.2 NAME		
STREET ADDRESS	226 SULKY WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		3.4. CITY-ST-ZIP		
TITLE		☐ DELĒT Ē	4.1 TITLE		Change Addition
NAME STREET ADDRESSS			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		[] oc.ext	5.4 CITY-ST-ZIP		06 T 4-3-00
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME OTREET ADDRESS			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14 Thereby o	ertify that the information supplied w	ith this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r 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 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 altachment with an address.					