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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012045 (5)

N.R.N. PUBLICATIONS, INC.

FILED Apr 07 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | i factuaet ire ferti (80): antit natit defiti 80:n; iinib irett defiti biant siti; 160) | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 14656 QUAIL TRAIL CIR 14656 QUAIL TRAIL CIR | | | | |
| ORLANDO FL 32837-7085 | | ORLANDO FL 32837-7085 | | DO NOT WRITE IN THIS SPACE |
| i | | | | 3. Date Incorporated or Qualified |
| | | | | 02/03/1997 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 3321 Amaca Circle 26 3321 Amaca Cir | | | rate 59-343/995 Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | - \$8.75 Additional | |
| 22 27 | | | | 5. Certificate of Status Desired Fee Required |
| City & State City & State | | | — , | 6. Election Campaign Financing \$5.00 May Be |
| 23 Orlando, FL 28 Orland | | 1+4 | Trust Fund Contribution Added to Fees | |
| 21p 24 328 | Country | - 70 na 2 n | Country A | 8. This corporation owes or has paid the current year Intangible |
| 24 328 | | | o USA | |
| | | | | 10. Name and Address of New Registered Agent |
| WIELAND, EDWARD | | | | Edward Wieland |
| 14656 QUAIL TRAIL CIR 82 Street Addres | | | | Address (P.O. Box Number is Not Acceptable) |
| ORLANDO FL 32837-7085 | | | | 1321 Amaca Circle |
| | | | | |
| | | | 84 City | 85 Zip Code |
| 44 5 | 007010 | 1007 4500 51 34- 01-14- | | /\`\Q\\Q\O\O\O\O\O\O\O\O\O\O\O\O\O\O\O\O\ |
| 11. Pursuant to the provisions of Sections 607,0502 and 607, 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose 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. | | | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | |
| SIGNATURE | A Equipment Need | Control of Secretary States | Denistand Aport parature | ro required when reinstating) OATE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.11(1).6 | Change Addition |
| NAME | WIELAND, EDWARD | | 1,2 NAME | God, so and fall of BIACA |
| STREET ADDRESS | 14656 QUAIL TRAIL CIR | | 1.3 STREET ADDRESS | 3321 Amaca Circle Orlando, FL 32837 |
| CITY-ST-ZIP | ORLANDO FL 32837-7085 | | 1.4 CITY-ST-ZIP | Octorido, FL 32837 |
| TITLE | | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | |
| STREET ADORESS | | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-2IP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4, CITY-ST-ZIP | |
| TITLE | | DELETE | 41 TITLE | Change Addition |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY+ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 5.1 TITLE | Change Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIF | | | 5.4 CITY-ST-ZIP | |
| TITLE | | DELFTE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |
| | ertify that the information supplied with | this filing does not qualify for | | ted 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 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.

4-3-98

407-856-8314