CO	PROFIT RPORATION UAL REPORT 1998	FLORIDA DEPAI Sandra I Secreta	RTMENT OF STATE 3. Mortham ry of State CORPORATIONS	Mar 05 19	LED 998 8:00an Ty of State
PALME	TTO PUBLISHING CO., IN re of Business NGE AVENUE	0046088 (5) C. Mailing Address 5108 S. ORANGE AVENU ORLANDO FL 32809	E	DO NOT WRITE IN 3. Date Incorporated or Qualified	
2. Principal P	face of Business	2a. Mailing Address		05/22/1997 4. FEI Number	Applied For
21		26		59-3463084	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	R. This corporation owes or has paid th	Added to Fees
4	25 9. Name and Address of Curre	29 nt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
			83		
			B4 City es, the above-named cor- luthorized by the corpora rida Statutes.	poration submits this statement for the purpo ation's board of directors. I hereby accept the	
 Pursuant office or r agent. I a SIGNATURE 12. 	Signature, typed or printed name of registered ag		84 City	poration submits this statement for the purpo ation's board of directors. I hereby accept the	FL because of changing its registered appointment as registered
SIGNATURE 12. TITLE NAME STREET ADORESS	Signature, typed or printed name of registered ag OFFICERS AN D RIGGS, THOMAS W 5108 S. ORANGE AVENUE	ent and tille if applicable (NOT)	B4 City B4 City B4 City B4 City S5, the above-named cor Inthorized by the corpora rida Statutes. Begistered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for the purpo ation's board of directors. I hereby accept the ured when reinstating) D/	FL
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS AN D RIGGS, THOMAS W	ent and tille if applicable (NOTI ID DIRECTORS	B4 City 35, the above-named corruthorized by the corporation of the c	poration submits this statement for the purpo ation's board of directors. I hereby accept the ured when reinstating) D/	FL because of changing its registered appointment as registered
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE VAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS AN D RIGGS, THOMAS W 5108 S. ORANGE AVENUE	erit and title if applicable (NOTI ID DIRECTORS	B4 City 35, the above-named corruthorized by the corporation of the c	poration submits this statement for the purpo ation's board of directors. I hereby accept the ured when reinstating) D/	FL
SIGNATURE 12. 11TLE 14ME STREET ADDRESS CITY-ST-ZIP 11TLE 14ME 14TLE	Signature, typed or printed name of registered ag OFFICERS AN D RIGGS, THOMAS W 5108 S. ORANGE AVENUE		B4 City B5, the above-named corruthorized by the corporal distribution of the corporation of the corporat	poration submits this statement for the purpo ation's board of directors. I hereby accept the ured when reinstating) D/	FL
SIGNATURE 12. 11TLE VAME STREET ADDRESS CITY-ST-ZIP 11TLE VAME STREET ADDRESS CITY-ST-ZIP 11TLE VAME	Signature, typed or printed name of registered ag OFFICERS AN D RIGGS, THOMAS W 5108 S. ORANGE AVENUE	ID DIRECTORS	B4 City B5, the above-named corruthorized by the corporation of the corporating devices and the corporation of the corporation of the corporat	poration submits this statement for the purpo ation's board of directors. I hereby accept the ured when reinstating) D/	PL

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