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

**PROFIT CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000086846 (7) DOCUMENT #

LEFT TURN PUBLISHING, INC.

Principal Place of Business	Mailing Address	
24 CORAL WAY WINTER SPRINGS FL 32708	24 Coral Way Winter Springs FL 32708	~·

## FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
24 CORAL WAY		24 CORAL WAY			
WINTER SPE	RINGS FL 32708	WINTER SPRINGS FL 32	708	**	DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
}					10/06/1997
2 Principal 6	Place of Business	2a. Mailing Address			4. FEI Number ALLY 1 OoC. Applied For
21	tada di Basinessi	26			51-347430X Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.			SR 75 Additional
22 27				5. Certificate of Status Desired Fee Regulred	
City & Sta	le	City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. X Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent
SF	PENCER, LAURA S		8	1 Name	
	CORAL WAY		Ä	2 Street	Address (P.O. Box Number is Not Acceptable)
	INTER SPRINGS FL 32708		٦		( i.e. zex remove to record and
			8	3	
			В	4 City	85 Zip Code
			۱۵	City	FL   63   Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abo	ve-named	corporation submits this statement for the purpose of changing its registered
office of agent. It	registered agent, or bolh, in the State ani thraitiar with an indepetithereble	∉of Florida. Such change was a ations of Section 607.0505. Fic	authorized I orida Statut	by the corp es.	coration's board of directors. I hereby accept the appendiment as registered
SIGNATURE		JUKGO V			$\Delta \omega = 0$
SIGNATURE	Synature, typed or pomed name of registeries ago	ent and little if applicable (NOTE	E: Registered A	gen) signalure	required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	☐ DELETE	1.1 TITLE		Change Addition
NAME	SPENCER, ANTHONY R		1.2 NAM	:	
STREET ADDRESS	24 CORAL WAY		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY	-ST-ZIP	
TITLE	0	☐ DELETE	2.1 TITLE		Change Addition
NAME	SPENCER, LAURA S		2.2 NAM	Ε	
STREET ADDRESS	24 CORAL WAY		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2. 4 CITY	-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	•		3.2 NAMI	[	
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	
TITLE		☐ DELETE	4.5 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	·ST-ZIP	_
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAMI	.	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP	]		5.4 CITY-	i	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	)		6.2 NAM		
STREET ADDRESS	]			ET ADDRESS	
CITY-ST-ZIP			6.4 CITY		
14. I hereby	certify that the information supplied w	ith this filing does not qualify fo			d 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 attackment with an address.