

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90238 040 ***150.00

DOCUMENT # P98000085295

1. Corporation Name

21ST CENTURY INVESTOR PUBLISHING CORP.

Principal Place of Business

17288 HAMPTON BLVD
NEWPORT BAY CLUB
BOCA RATON FL 33496

Mailing Address

17288 HAMPTON BLVD
NEWPORT BAY CLUB
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FFI Number

65-0869856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 1600 SHATTUCK AVE, STE 212

27 Suite, Apt. #, etc.

28 City & State
BERKELEY, CA 94709

29 Zip Country

9. Name and Address of Current Registered Agent

CORPCO, INC.
2699 S BAYSHORE DR, 7TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
JAMES DIGEORGIA
82 Street Address (P.O. Box Number is Not Acceptable)
17288 HAMPTON BLVD.
83 NEWPORT BAY CLUB
84 City
BOCA RATON FL 85 Zip Code
33496

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JAMES DIGEORGIA	
STREET ADDRESS	17288 HAMPTON BLVD. (NEWPORT BAY)	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	DANIEL ROSENTHAL	
STREET ADDRESS	1600 SHATTUCK AVENUE, SUITE 212	
CITY-ST-ZIP	BERKELEY, CA 94709	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	ELLEN YOUNG	
STREET ADDRESS	1600 SHATTUCK AVE, STE 212	
CITY-ST-ZIP	BERKELEY, CA 94709	
TITLE		<input type="checkbox"/> DELETE
NAME	MYRTLE PRATT (CORP. SECRETARY)	
STREET ADDRESS	1600 SHATTUCK AVENUE, SUITE 212	
CITY-ST-ZIP	BERKELEY, CA 94709	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)