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**

DOCUMENT # P98000086820

1. Corporation Name

ORIGINS PUBLISHING INC.

Principal Place of Business
2712 GREENDALE DR

Mailing Address

2712 GREENDALE DR

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90125 049 ***150.00



SARASOTA FL	34232	SARASOTA FL 34232			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					10/07/1998		İ	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	$-\Box$	Applied For	
21		26			65-0869051	1	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	
22		27			5. Certificate of Status Desired	Fee F	Required	
City & Stat					Election Campaign Financing Trust Fund Contribution	•	0 May Be d to Fees	
23 Zip	Country	28	Country	,			1 to Fees	
Zip					This corporation owes the current year Interpretation Personal Property Tax.	angibie ∐Yes	₩No	
24	9. Name and Address of Current		91		10. Name and Address of New Registered		22110	
	9. Name and Address of Current	r Registered Agent	81	Name	To. Hattle and Address of them registered	190		
HILL	, Brian							
	2712 GREENDALE DR				82 Street Address (P.O. Box Number is Not Acceptable)			
_	ASOTA FL 34232		83	ļ				
J/ W L			63					
			84	City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	e-named o	corporation submits this statement for the purpose of	changing	ts registered -	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the corpo	ration's board of directors. I hereby accept the appoi	ntment as	registered	
Ü	m rammar with, and accept the estigat	30/10 01, 600/10/10 00/100001 1 10/100					į	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE. Re	gistered Age	nt signature re	quired when reinstating) DATE			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE		☐ DELETE	1.1 TITLE		PRESIDENT	Change	Addition	
NAME			1.2 NAME		BRIAN HILL 2712 GREENDALE DR SARASOTA, FL 34232			
STREET ADDRESS			13 STREE	T ADDRESS	2712 GREENDAIL DE			
CITY-ST-ZIP			1.4 CITY-5	T-ZIP	SARASUTA, FL 34232			
TITLE		☐ DELETE	2.1 TITLE			Change	e ☐ Addition	
NAME		i	2.2 NAME					
STREET ADDRESS			23 STREE	TADDRESS				
CITY-ST-ZIP			2.4 C/TY-	1			1	
TITLE		☐ DELETÉ	3.1 TITLE	· ·		Change	e ☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS				
			3.4. CITY-	- 1				
CITY-ST-ZIP		☐ DELETÉ	4.1 TITLE	31-21		Change	e Addition	
NAME			4. 2 NAME			·	ĺ	
STREET ADDRESS				TADDRESS			Į	
			4.4 CITY-S	·			{	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	. 4		Change	Addition	
NAME :			5.1 MAME			_ ,	_	
			5.3 STRFF	TADDRESS				
STREET ADDRESS			5.4 CITY-S	- 1			ſ	
CITY-ST-ZIP		□ DELETE	6 t TITLE	-		[T] Change	Addition	
			6.2 NAME)				
NAME				ADDRESS				
STREET ADDRESS			6.4 CITY-S	1				
CITY-ST-ZIP			0.4 CHY-S	1-28				

14. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all other like empowered.

SIGNATURE: