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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

TODAY'S TRADE PUBLICATIONS, INC.

DOCUMENT # S11218

(2)

## **FILED** Mar 24 1997 8:00am Secretary of State

40733249\$9

Principal Place of Business Maining Address  289 S WILMA ST 289 S WILMA STREET LONGWOOD FL 32750 LONGWOOD FL 32750-41: US US			Ar.		
			35		
				3. Date Incorporated or Qualified 11/07/1990	3a. Date of Last Report 04/19/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
<b>21</b> Suite, Apt	# 200	Suite Apt. #, etc.		16-0321780	Not Applica <b>\$8.75</b> Additional
22	# Digital	27		5. Certificate of Status Desired	Fee Required
City & State		Cily & Stale		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Ζφ 1	Country	7)p	Coultry	8. This corporation has liability for	intangible tax under s. 199.032. <b>7</b> Yes □ No
24	25 9. Name and Address of Cu	rrent Registered Agent	30	Florida Statutes  10. Name and Address of New Re	<u> </u>
	LOCKS, NICHOLAS		1 Name		
	DEVONSHIRE BLVD		Street Ado	Iress (P.O. Box Number is Not Acceptate	
	IGWOOD FL 32750		Street Add	iness (1.0. dox frames) is not necessaria.	, , , , , , , , , , , , , , , , , , ,
			3		
			4 City		85 Zip Code
				poration submits this statement for the p	FL   89   Zip Code
office or r	edistered agent, or both, in the S	State of Florida. Such change was ibligations of Section 607.0505, F	authorized by the corpora lorida Stantes.	ation's board of directors. I hereby acce	pt the appointment as registere
	Separate typed organic diname of regulate			ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
12. ինք	OFFICERS	AND DIRECTORS	13. T	ADDITIONS/CHARGES TO OFF	Change Addi
NAM4	WILLOCKS, NICHOLAS		1.2 NAME		
STREET ADDRESS	680 DEVONSHIRE BLVD.		1.3 STREET ADDRESS		
OMY - S1 - Z62	LONGWOOD FL		1.4 CITY - ST - ZIP		
TIT()	·	DELETE	2.1 TITLE		Change Add
N4Mt			2 ? NAME		
SPREED ACCESSOR			2.3 STREFT ADDRESS		
City St ZIP		DELETE	2 4 CITY- ST-ZIP 3 1 TILE		Change Add
TITLE		£J Dittiti	3 2 NAME		Gridings rus
NAME STREET ADDRESSO			3 3 STREET ADDRESS		
CIY-SI 70P			3 4. City-St-ZIP		
11.11		DELETE	4.1 TITLE		Change Add
NAME			4. 2 NAME		
STEEF LADORESS			4.3 STREET ADDRESS		
City-St-7#			4.4 CITY - ST - ZIP		Change Add
TREE		L DELETE	5.1 TITLE		Change Add
NAME			5.2 NAME		
STREET ADORESS			5 3 STREET ADDRESS 5 4 City - St - Zip		
GHY ST Zo Tolkf		DELETE	61 TITLE		Change Add
NAME			6.2 NAME		
SHEEL ADDRESS			63 STREET ADDRESS		
foty Styles			6.4 CITY-ST-ZIP		
14. Edo here	cara de calacidades escalabases caesara cal existarar	d or remolegiental annual report is	a true and accurate and th	ed in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg	iai enect as il made under dadi.
Lara Soci	afficiency discretor of the correctable	on or the receiver or trustee empo ed, or on an attachment with an a	owered to execute this rep	ort as required by Chapter 607, Florida	Statutes; and that my name