SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S47953** **(2)**

1. Corporation Name
AMADEAS LEGAL PUBLISHING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1648 TITUSVILLE FL 32781-1648	P.O. BOX 1648 TITUSVILLE FL 32781-1648

3. Date Incorporated or Qualified: 04/23/1991
3a. Date of Last Report: 03/14/1995

2. Principal Place of Business	2a. Mailing Address
21 AMADEAS LEGAL PUBLISHING INC	26 AMADEAS LEGAL PUBLISHING INC
Suite, Apt. #, etc. 22 P.O. BOX 6261	Suite, Apt. #, etc. 27 P.O. BOX 6261
City & State 23 TITUSVILLE FL	City & State 28 TITUSVILLE FL
Zip / Country 24 32782-6261 / 25	Zip / Country 29 32782-6261 / 30

4. FEI Number: 59-3065171 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ERLENBACH, SUSAN K.W. 503 S PALM AVE TITUSVILLE FL 32796	81 Name: ERLENBACH, SUSAN K.W. 82 Street Address (P.O. Box Number is Not Acceptable): 400 JULIA ST 83 84 City: TITUSVILLE FL 85 Zip Code: 32796

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] 6/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	ERLENBACH, KURT		1.2 NAME	ERLENBACH, KURT	
STREET ADDRESS	2138 KINGS CROSS		1.3 STREET ADDRESS	3640 ROSEHAVEN PL	
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	VST	☐ DELETE	2.1 TITLE	VST	☐ Change ☐ Addition
NAME	ERLENBACH, SUSAN		2.2 NAME	ERLENBACH, SUSAN	
STREET ADDRESS	2138 KINGS CROSS		2.3 STREET ADDRESS	3640 ROSEHAVEN PL	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	ERLENBACH, SUSAN		3.2 NAME	ERLENBACH, SUSAN	
STREET ADDRESS	2138 KINGS CROSS		3.3 STREET ADDRESS	3640 ROSEHAVEN PL	
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] 6/11/96 (407)264-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #