

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.

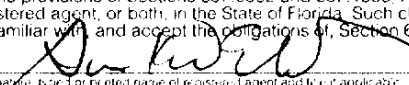


Principal Place of Business P.O. BOX 1648 TITUSVILLE FL 32781-1648	Mailing Address P.O. BOX 1648 TITUSVILLE FL 32781-1648
--	--

2. Principal Place of Business 21 AMADEAS LEGAL PUBLISHING INC Suite, Apt. #, etc. 22 P.O. Box 6261 City & State 23 TITUSVILLE FL Zip 24 32782-6261		2a. Mailing Address 26 AMADEAS LEGAL PUBLISHING INC Suite, Apt. #, etc. 27 P.O. Box 6261 City & State 28 TITUSVILLE FL Zip 29 32782-6261		3. Date Incorporated or Qualified 04/23/1991		3a. Date of Last Report 03/14/1995	
		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					

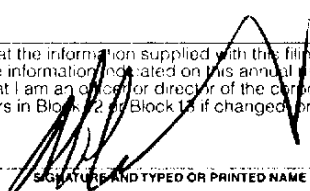
9. Name and Address of Current Registered Agent ERLENBACH, SUSAN K.W. 503 S PALM AVE TITUSVILLE FL 32796				10. Name and Address of New Registered Agent 81 Name ERLENBACH, SUSAN K.W. 82 Street Address (P.O. Box Number is Not Acceptable) 400 JULIA ST 83 84 City TITUSVILLE FL 85 Zip Code 32796			
--	--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

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  DATE **6/20/96**

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			

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:  DATE **6/11/96** (407) 264-6000 DAYTON PHONE #

CR2E034 (3/96)