

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Jul 27 1998 8:00am  
Secretary of State

DOCUMENT # **S47953** (2)

1. Corporation Name

**AMADEAS LEGAL PUBLISHING, INC.**

Principal Place of Business

P.O. BOX 6261  
TITUSVILLE FL 32781-1648  
US

Mailing Address

P.O. BOX 6261  
TITUSVILLE FL 32781-1648  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/23/1991**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **32782-6261**

25

29 **32782-6261**

30

9. Name and Address of Current Registered Agent

**ERLENBACH, SUSAN KW  
400 JULIA ST  
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ERLENBACH, KURT**  
STREET ADDRESS **3640 ROSEHAVEN PL**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **VST** ☐ DELETE

NAME **ERLENBACH, SUSAN**  
STREET ADDRESS **3640 ROSEHAVEN PL**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **D** ☐ DELETE

NAME **ERLENBACH, SUSAN**  
STREET ADDRESS **3640 ROSEHAVE PL**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**408002603444**  
**-07/31/98--01007--002**  
**\*\*\*150.00**

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.

SIGNATURE:

**Kurt Erlenbach 7/14/98 (407) 269-2293**

CR2E034 (5/98)

*Amadeas*  
*Legal Publications, Inc.*

082

July 14, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

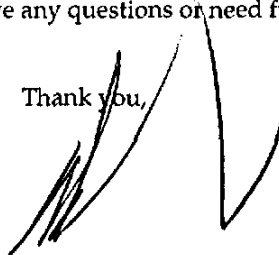
RE: Amadeas Legal Publications, Inc.

To Whom It May Concern:

Please find enclosed our check in the amount of \$150.00 to cover the Annual Report and the Corporation Supplemental Fee. We did not receive this report prior to the second notice, therefore could not pay it. We have called and spoken with a representative and explained this situation and they informed us to send the \$150.00 payment with a letter.

Please feel free to contact us if you have any questions or need further information.

Thank you,



Kurt Erlenbach