**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90034 028 \*\*\*150.00

## 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 # S85449  1. Corporation Name  AMERICAN PUBLISHING AND ADVERTISING, INC.										
ŀ	Principal Place	of Business	Mailing Address				i i i i i i i i i i i i i i i i i i i		1811 81911 81911 <b>9</b> 1	#II}   J    J
	2536 COUNTRYSIDE BLVD 2536 COUNTRYSIDE BLVD									
	FIFTH FLOOR 6TH FLOOR						DO NOT WR	ITE IN THIS	SPACE	
	CLEARWATER FI	L 34623	CLEARWATER FL 34623 US			3. [	Date Incorporated or Qualifed			
١						•	0/04/1991			
ŀ	2. Principal Pla	ace of Business	2a. Mailing Address			,	El Number			plied For
21			26			5	<u>i9-3103420</u>	-	Not Applicable \$8.75 Additional	
	Suite, Apt. a	#, etc.	Suite, Apt. #, etc.			5. (	Certificate of Status Desired		\$8.75 A	
	22 City & State		City & State				lection Campaign Financing		\$5.00	·
	23	•	28				rust Fund Contribution		Added to	
	Zip	Country	Zip	Countr	y	8. 1	his corporation owes the cur	tent year in	tangible	
	337	63 25	29 33763 <sub>3</sub>	0			Personal Property Tax.			□No
		9. Name and Address of Curre	nt Registered Agent	8	None		Name and Address of New	Registered	Agent	
	noui	DNA, HEATHER L.		6	Name					
2536 COUNTRYSIDE BLVD.				8:	82 Street Address (P.O. Box Number is Not Acceptable)					
SIXTH FLOOR				83	83			·,	<del></del>	
	CLEA	RWATER FL 34623								
				84				FL	_  85  <del>Z</del> ig 7	
	office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	of Florida, Such change was auti	norizea pi	/ the corb	d corporation sociation's boa	submits this statement for the rd of directors. I hereby acce	e purpose of pt the appo	changing its intment as req	registered gistered
	agent. I ar	n familiar with, and accept the obligi	ations of, Section 607.0505, Florid	la Statute	S.				4	
Ì	SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: R	tegistered Ag	ent signature	required when reit	nstating)	DATE		
i	12.		ND DIRECTORS	13.		Al	DDITIONS/CHANGES TO O	FICERS A		
	TITLE	PDST	☐ DELETE	1.1 TITLE					☐ Change	Addition
	NAME	BOESCH, GARY R.		1.2 NAME						
	STREET ADDRESS	2536 COUNTRYSIDE BLVD.			ET ADDRESS	3				
	CITY-ST-ZIP TITLE	CLEARWATER FL	□ DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP				Change	Addition
	NAME			2.2 NAME						
	STREET ADDRESS				ET ADDRESS	3				
	CITY-ST-ZIP			2. 4 ÇITY-	ST-ZIP		·			
	TITLE		☐ DELETE	3.1 TITLE			* *	*******	Change -	Addition
	NAME			3.2 NAME						
	STREET ADDRESS				ET ADDRESS	8				
	CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE					Change	Addition
1	TITLE NAME			4. 2 NAME					_ ,	_
	STREET ADDRESS				- Et adoress	s				
	CITY-ST-ZIP			4.4 CITY-						
	TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
	NAME			5.2 NAME			• • • • • • • • • • • • • • • • • • • •	•		
	STREET ADDRESS				ET ADORESS	3				
	CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE		-			☐ Change	Addition
	TITLE		[] DELETE	6.2 NAME					Change	
	NAME STREET ADDRESS				ET ADDRESS	si				
	1 STREET NOTINGS									

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 spiplemental 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 copyoration or the receiver of trustee emperered 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 area ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

Gary R. Boesch Pres SIGNATURE

CITY-ST-ZIP

3/4/99

(727)726-0726