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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000889 (3)

	PUBLISHING COMPANY, IN	• •			BANN BANA TAKA INDIA INDI INDI
Principal Plac	e of Business	Mailing Address			
941 O ST., #723 LINCOLN NE 68508		941 O ST., #723 LINCOLN NE 68508-3626			
				3. Date Incorporated or Qualified 34 02/21/1996	. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		47-0741646	Not Applicable \$8.75 Additional
22	w, 010.	27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25		Country 30	8. This corporation has liability for intan Florida Statutes	s 🗆 No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
	AS, JOSE I ESQ				
MIAMI CENTER, SUITE 3000 201 S. BISCAYNE BLVD.			82 Street At	ddress (P.O. Box Number is Not Acceptable)	
	MI FL 33131		83		######################################
			84 City		85 Zip Code
	10.707.01	00 and 007 4500 Florido Siat 4			FL 2 2 3 3 3
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat- im familiar with, and accept the oblig	e of Florida. Such change was a	authorized by the corpo	orporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Stgrature Typed or pricted name of registered ag	gent and title if applicable. (NOTE	Registered Agent signature re-	quired when reinstating) D/	YE.
12,	······	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PDC	DELETE	1.4 TITLE		Crange Addition
NAME	ABRAHAMS, DAVID		1.2 NAME		:
STREET ADDRESS ONY-ST-ZIP	941 O ST., #723 LINCOLN NE 68508		1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		
THE	VD	DELETE	2.1 TITLE		Change Addition
NAME	SMITH, CRAIG		2.2 NAME		·
STREET ADDRESS	941 O ST., #723		2.3 STREET ADDRESS		
CITY -ST - 7151	LINCOLN NE 68508		2. 4 CITY-ST-ZIP		
THLE	STD	☐ DELETE	31 TITLE		Change Addition
NAME	QUALSETTE, DICK		3.2 NAME		
STREET ADDRESS	941 O ST., #723 LINCOLN NE 68508		3.3 STREET ADORESS		
DITY-ST-ZIP TITLE	D D	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	RITU, KRISHANA		4. 2 NAME		
STHEET ADDRESS	941 O ST., #723		4.3 STREET ADDRESS		
CITY-ST-ZIF	LINCOLN NE 68508		4.4 CITY - ST - ZIP		
TILLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY ST-7IP			5.4 CITY-\$T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		•
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIF			6.4 CITY - ST - ZIP		

14. I do 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 cert fy 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hams 4-30-97

(402)476-066

FILED

Apr 22 1997 8:00am

Secretary of State

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