

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 447578 (6)

1. Corporation Name
CAREER PUBLISHING ENTERPRISES, INC.

| | |
|---|---|
| Principal Place of Business 905 ALLANSON RD MUDELEIN IL 60060 | Mailing Address 905 ALLANSON RD MUDELEIN IL 60060 |
|---|---|

DO NOT WRITE IN THIS SPACE.

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/12/1974 | 3a. Date of Last Report 07/06/1994 |
| 4. FEI Number 59-1525977 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**N W & E INC.
700 BRICKELL AVENUE
MIAMI FL 33131**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (PART 9) Registered Agent signature required when certifying

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | CPD GREENE, HOWARD 15521 W. ROCKLAND RD. LIBERTYVILLE IL |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VSD GREENE, GLORIA 735 STONEGATE RD LIBERTYVILLE IL |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VDT GREENE, GEOFFREY 918 CRESTFIELD AVE. LIBERTYVILLE IL |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D GREENE, CHRISTOPHER 881 VALLEY PARK DR. LIBERTYVILLE IL |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D GREENE, STEPHANIE 408 HAMPTON TERRACE LIBERTYVILLE IL |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY ST ZIP | |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | VSD Greene, GLORIA |
| 23 STREET ADDRESS | 15521 W. Rockland Rd. Libertyville, IL 60048 |
| 24 CITY ST ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | VDT Greene, GEOFFREY |
| 33 STREET ADDRESS | 735 STONEGATE RD. LIBERTYVILLE, IL 60048 |
| 34 CITY ST ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY ST ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY ST ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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)(b), Florida Statutes. I further certify that the information included on this annual report and 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 a 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 of this report, or in an addendum with an address.

SIGNATURE: *Geoffrey C. Greene* **Geoffrey C. GREENE 4-28-95 708-949-0011**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR