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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90006 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000033684

1. Corporation Name  
**NEWSPAPER PUBLISHERS, INC.**



Principal Place of Business: 1004 ISLAND MANOR DR. WEST PALM BEACH FL 33413  
 Mailing Address: 1004 ISLAND MANOR DR. WEST PALM BEACH FL 33413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1998  
 4. FEI Number: 65-0835271  
 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 the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 12788 Forest Hill Blvd, Suite 1003, Wellington FL 33414  
 2a. Mailing Address: [Blank]  
 22. City & State: Wellington FL  
 24. Zip: 33414, 25. Country: USA

9. Name and Address of Current Registered Agent  
**MANNING, PHYLLIS**  
 1004 ISLAND MANOR DR.  
 WEST PALM BEACH FL 33413

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City: Wellington 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE: D MANNING, BARRY  
 STREET ADDRESS: 701 S.E. 6TH AVENUE, SUITE 201  
 CITY-ST-ZIP: DELRAY BEACH FL 33483

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE: [Blank]  Change  Addition  
 1.2 NAME: [Blank]  
 1.3 STREET ADDRESS: 12788 FOREST HILL BLVD, Suite 1003  
 1.4 CITY-ST-ZIP: WELLINGTON FL 33414  
 2.1 TITLE: [Blank]  Change  Addition  
 2.2 NAME: [Blank]  
 2.3 STREET ADDRESS: [Blank]  
 2.4 CITY-ST-ZIP: [Blank]  
 3.1 TITLE: [Blank]  Change  Addition  
 3.2 NAME: [Blank]  
 3.3 STREET ADDRESS: [Blank]  
 3.4 CITY-ST-ZIP: [Blank]  
 4.1 TITLE: [Blank]  Change  Addition  
 4.2 NAME: [Blank]  
 4.3 STREET ADDRESS: [Blank]  
 4.4 CITY-ST-ZIP: [Blank]  
 5.1 TITLE: [Blank]  Change  Addition  
 5.2 NAME: [Blank]  
 5.3 STREET ADDRESS: [Blank]  
 5.4 CITY-ST-ZIP: [Blank]  
 6.1 TITLE: [Blank]  Change  Addition  
 6.2 NAME: [Blank]  
 6.3 STREET ADDRESS: [Blank]  
 6.4 CITY-ST-ZIP: [Blank]

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 1/11/99 Daytime Phone #: 561-793-7606

CR2E034 (11/98)