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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

238211 DOCUMENT #

Mailing Address

6820 LAKESIDE RD.

ADVERTISERS PRESS, INC.

8820 LAKESIDE RD. W PALM BCH FL 33411-2618 W PALM BOH FL 33411 3a. Date of Last Report 3. Date Incorporated or Qualified 07/04/1960 04/16/1996 2. Principal Place of Business 4. FEt Number 2a. Mailing Address Applied For 59-0976490 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Couritry Zio This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUBBARD, THOMAS L 1048 LAKE BREEZE DR Street Address (P.O. Box Number is Not Acceptable) W PALM BCH FL 33414 **B3** 84 City 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 ran in of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. 12. n □ DELETE 1.1 TITLE Change Addition THLE NEILSEN, ROBERT F. neils**e**n, robert f. 12 NAME MAME 648 ROYAL PALM BEACH BLVD., #144 1.3 STREET ADDRESS STREET ADDRESS ROAYL PALM BEACH FL BEACH 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE HUBBARD, THOMAS L. 2.2 NAME NAME 1048 LAKE BREEZE DR. 2.3 STREET ADORESS STREET ADDRESS W. PALM BEACH FL 2. 4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition TITLE 3.1 7ITLE HUBBARD, BETTY J. 3.2 NAME 1048 LAKE BREEZE DR. STREET ADDRESS 3.3 STREET ADDRESS

14. I do hereby certily 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 epd accurate and that my signature shall have the same legal effect as if made under oath; that Lam an officer or director of the corporation appears in Block 12 or Block 13 if change port as required by Chapter 607, Florida Statutes; and that my name

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CiTY - ST - ZiP

5.4 CITY-ST-ZIP

4.4 CiTY-ST-ZiP

4.1 TITLE 4.2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

62 NAME

DELETE

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STRECT ADDRESS

STREET ACCRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME W. PALM BEACH FL

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Apr 21 1997 8:00am

Secretary of State