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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 244361

(2)

1. Corporation Name

HOMESTEAD NEWSPAPERS, INC.

Principal Place of Business

15 N.E. FIRST ROAD
HOMESTEAD FL 33030

Mailing Address

P. O. BOX 800340
HOMESTEAD FL 33080-0340
US



3. Date Incorporated or Qualified

02/02/1961

3a. Date of Last Report

06/13/1996

4. FEI Number

59-0916959

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MARTIN, GLENN A.
1110 COLUMBUS BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME ELLIS, S.M.
STREET ADDRESS 8400 RT. 13
CITY - ST - ZIP LEVINTOWN PA

TITLE TV ☐ DELETE

NAME BIRCH, E J
STREET ADDRESS 8400 RT 13
CITY - ST - ZIP LEVINTOWN, PA 00000

TITLE P ☐ DELETE

NAME FRIEND, G
STREET ADDRESS 8400 RT 13
CITY - ST - ZIP LEVINTOWN, PA 00000

TITLE V ☐ DELETE

NAME MARTIN, G.A.
STREET ADDRESS 1110 COLUMBUS BLVD.
CITY - ST - ZIP CORAL GABLES FL

TITLE VD ☐ DELETE

NAME HARDY, S C
STREET ADDRESS 882 GAINSWAY ROAD
CITY - ST - ZIP YARDLY, PA 00000

TITLE VD ☐ DELETE

NAME ELLIS, S C
STREET ADDRESS 5 LAUREL ROAD
CITY - ST - ZIP RIVERTON, NJ 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97 (705) 245-2311

CR2E034 (9/96)