

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **257222** (0)

1. Corporation Name
NEWS-STAR PUBLICATIONS, INC.



Principal Place of Business 1250 BUSINESS WAY LEHIGH ACRES FL 33936 US	Mailing Address 226 E. JOEL BLVD LEHIGH ACRES FL 33972-5230 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Post Office Box 908 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified 03/23/1962	3a. Date of Last Report 03/18/1996
4. FEI Number 59-0653412	Applied For Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALLISON, JANET 226 E. JOEL BLVD LEHIGH ACRES FL 33936	10. Name and Address of New Registered Agent 81 Name Patricia E. Verneau 82 Street Address (P.O. Box Number is Not Acceptable) 1250 Business Way 83 City Lehigh Acres FL 85 Zip Code 33936
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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: *Patricia E. Verneau* **04/30/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEMAN, JUNE	1.2 NAME Bateman, June
STREET ADDRESS	226 E. JOEL BLVD	1.3 STREET ADDRESS 1250 Business Way
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAGANS, ROSETTA	2.2 NAME Neil O'Sullivan
STREET ADDRESS	226 E. JOEL BLVD	2.3 STREET ADDRESS 1250 Business Way
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATIELLO, JOHN A.	3.2 NAME Richard Ingilickis
STREET ADDRESS	226 E. JOEL BLVD	3.3 STREET ADDRESS 1250 Business Way
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLISON, JANET	4.2 NAME Lynn Tarnassee
STREET ADDRESS	226 E JOEL BLVD	4.3 STREET ADDRESS 1250 Business Way
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE	C <input checked="" type="checkbox"/> DELETE	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNES, LEE B	5.2 NAME Barbara Conti
STREET ADDRESS	226 E. JOEL BLVD	5.3 STREET ADDRESS 1250 Business Way
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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: *June Bateman*
JUNE BATEMAN, SECRETARY

04/30/97 (941) 369-2191

Date Daytime Phone #

CR2E034 (9/96)