

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90060 006 ***150.00

DOCUMENT # 257222

1. Corporation Name

NEWS-STAR PUBLICATIONS, INC.

Principal Place of Business
1250 BUSINESS WAY
LEHIGH ACRES FL 33936
US

Mailing Address
P O BOX 908
LEHIGH ACRES FL 33970-0908
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/23/1962

4. FEI Number

59-0953412

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

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

33936

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

Earl Bunney - EARL BUNNEY - PRESIDENT

3-31-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME BATEMAN, JUNE
STREET ADDRESS 1250 BUSINESS WAY
CITY-ST-ZIP LEHIGH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME O'SULLIVAN, NEIL
STREET ADDRESS 1250 BUSINESS WAY
CITY-ST-ZIP LEHIGH FL

2.1 TITLE VP
2.2 NAME ROSETTA BAGANS
2.3 STREET ADDRESS 1250 BUSINESS WAY
2.4 CITY-ST-ZIP LEHIGH ACRES, FL

TITLE TD
NAME ANGILICKIS, RICHARD
STREET ADDRESS 1250 BUSINESS WAY
CITY-ST-ZIP LEHIGH ACRES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME TANNASSEE, LYNN
STREET ADDRESS 1250 BUSINESS WAY
CITY-ST-ZIP LEHIGH ACRES FL

4.1 TITLE D
4.2 NAME TANNASSEE, LYNN
4.3 STREET ADDRESS 1250 BUSINESS WAY
4.4 CITY-ST-ZIP LEHIGH ACRES, FL

TITLE D
NAME CONTI, BARBARA
STREET ADDRESS 1250 BUSINESS WAY
CITY-ST-ZIP LEHIGH ACRES FL

5.1 TITLE P
5.2 NAME EARL BUNNEY
5.3 STREET ADDRESS 1250 BUSINESS WAY
5.4 CITY-ST-ZIP LEHIGH ACRES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Earl Bunney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0452481