

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAY 31 AM 9:14

**DOCUMENT # 289117 (4)**

1. Corporation Name

**THE CENTRAL PRESS OF MIAMI, INC.**

Principal Place of Business

**2901 GATEWAY DR.  
POMPANO BCH. FL 33069  
US**

Mailing Address

**2901 GATEWAY DR.  
POMPANO BCH. FL 33069  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**01/22/1965**

3a. Date of Last Report

**05/01/1994**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**24**

Zip

Country

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**29**

Zip

Country

**30**

4. FEI Number

**59-1086097**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 109.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LYON, GARY J  
2901 GATEWAY DR.  
POMPANO BCH. FL 33069**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**

**BRILHART, ROBERT A.**

**2901 GATEWAY DR.**

**POMPANO BCH. FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**

**DOMINY, TROY**

**2901 GATEWAY DR.**

**POMPANO BCH. FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P**

**LYON, GARY**

**2901 GATEWAY DR.**

**POMPANO BCH. FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

**Delete**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

**Delete**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☒ Addition

**VICE President  
J Fred Johnson  
2901 Gateway DR  
Pompno Bch, FL 33069**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☒ Addition

**Vice President  
Edgar Yandell  
2901 Gateway DR  
Pompno Bch, FL 33069**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *J F Johnson*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Please Print)