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May 06 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 # 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 33069-4326
US



3. Date Incorporated or Qualified 01/22/1965
3a. Date of Last Report 05/16/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

4. FEI Number 59-1086097
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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

LYON, GARY J
2901 GATEWAY DR.
POMPANO BCH. FL 33069
81 Name ROY TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable)
2901 GATEWAY DR
83
84 City POMPANO BEACH FL 85 Zip Code 33069

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] 4/28/97
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	C	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ROY A.	12 NAME	
STREET ADDRESS	2901 GATEWAY DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORSUCH, JAMES A.	22 NAME	CARY GREENHSENG
STREET ADDRESS	2901 GATEWAY DRIVE	23 STREET ADDRESS	2901 GATEWAY DRIVE
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE		31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	ELIZABETH OTTINO
STREET ADDRESS		33 STREET ADDRESS	2901 GATEWAY DRIVE
CITY-ST-ZIP		34 CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, on an attachment with an address.

SIGNATURE: [Signature] CARY GREENHSENG, 3/2/97 954 978-9957
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)