

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 289117

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 2275 CABOT DRIVE		01/22/1965	
22 City & State		27 ATTN: TAX DEPT		4. FEI Number	
23 Zip		28 Lisle, IL		59-1086097	
24 Country		29 60532-3630		Applied For	
		30 DUPAGE		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 owes the current year	
				Intangible Personal Property.	
				Yes No	

9. Name and Address of Current Registered Agent

BARNETT, PAUL  
2901 GATEWAY DR  
POMPANO BCH FL 33069

10. Name and Address of New Registered Agent

81 Name	C T CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)	1200 SOUTH PINE ISLAND ROAD
83	
84 City	PLANTATION
85 Zip Code	FL 33324

11. Pursuant to the provisions of sections 607.0502 and 607.0508, 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 *Anne E. Diamond*  
Signature, typed or printed name of registered agent and title if applicable

Assistant Secretary

7/27/99  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V BARNETT, PAUL	1.1 TITLE	P JIM LUCAS
NAME	2901 GATEWAY DRIVE	1.2 NAME	2901 GATEWAY DRIVE
STREET ADDRESS	POMPANO BEACH FL	1.3 STREET ADDRESS	POMPANO BEACH, FL 33069
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V BRILHART, ROBERT A	2.1 TITLE	V MICHAEL LEATHERMAN
NAME	2901 GATEWAY DR	2.2 NAME	2275 CABOT DRIVE
STREET ADDRESS	POMPANO BCH FL	2.3 STREET ADDRESS	LISLE, IL 60532-3630
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V OTTINO, ELIZABETH	3.1 TITLE	T ROBERT KELDERHOUSE
NAME	2901 GATEWAY DR	3.2 NAME	2275 CABOT DRIVE
STREET ADDRESS	POMPANO BCH FL	3.3 STREET ADDRESS	LISLE, IL 60532-3630
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V BARNETT, LIONEL	4.1 TITLE	S STEVEN L CARSON
NAME	2901 GATEWAY DRIVE	4.2 NAME	2275 CABOT DRIVE
STREET ADDRESS	POMPANO BEACH FL	4.3 STREET ADDRESS	LISLE, IL 60532-3630
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. From the foregoing, I 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:

*James C. Lucas*

JAMES LUCAS

07/20/99

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