

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **377240** (7)
1. Corporation Name
UNTITLED PRESS, INC.

Principal Place of Business Mailing Address
LAIKA LANE LAIKA LANE
CAPTIVA FL 33924 CAPTIVA FL 33924

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/16/1971** 3a. Date of Last Report **07/20/1994**

4. FEI Number **59-1466448** 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

21. Principal Place of Business		2a. Mailing Address	
22. Suite, Apt. #, etc.		26. P.O. Box 54, Captiva, FL 33924	
23. City & State		27. Suite, Apt. #, etc.	
24. Zip		28. City & State	
25. Country	29. Zip	30. Country	

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	RAUCHENBERG, ROBERT
STREET ADDRESS	LAIKA LANE
CITY, ST., ZIP	CAPTIVA FL
TITLE	S
NAME	JEFFRIES, BRADLEY
STREET ADDRESS	1039 BEACH RD., #101
CITY, ST., ZIP	SANIBEL, FL
TITLE	D
NAME	POTTORF, DARRYL
STREET ADDRESS	11520 LAIKA LANE
CITY, ST., ZIP	CAPTIVA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	

14. I declare to certify that the information set forth with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information is submitted for the annual report or supplemental annual report in form and substance and that my signature shall have the same legal effect as if made under oath. 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 the filing as required by Section 607.0505, Florida Statutes.

SIGNATURE *Bradley Jeffries* **BRADLEY JEFFRIES** **1/11/95** **813-472-5445**
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR