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FILED

Apr 09 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 # 398726

(0)

1. Corporation Name  
NATIONAL ENQUIRER, INC

Principal Place of Business  
600 S E COAST AVE  
LANTANA FL 33464

Mailing Address  
600 S E COAST AVE  
LANTANA FL 33460-4451



3. Date Incorporated or Qualified  
04/05/1972

3a. Date of Last Report  
02/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2764097

Applied For

Not Applicable

21 Suite Apt. # etc.

26 Suite Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALIARDO, GUY  
600 SOUTH EAST COAST AVE  
LANTANA FL 33462

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 type 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 D ☐ DELETE  
NAME CALDER, IAIN  
STREET ADDRESS 600 S.E. COAST AVE  
CITY-ST-ZIP LANTANA FL

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

TITLE S ☐ DELETE  
NAME GALIARDO, GUY  
STREET ADDRESS 600 S.E. COAST AVE  
CITY-ST-ZIP LANTANA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME BOYLAN, MICHAEL  
STREET ADDRESS 600 S.E. COAST AVE  
CITY-ST-ZIP LANTANA FL

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

TITLE T ☐ DELETE  
NAME PICKERT, RICHARD  
STREET ADDRESS 600 S.E. COAST AVE  
CITY-ST-ZIP LANTANA FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE CD ☐ DELETE  
NAME CALLAHAN, PETER  
STREET ADDRESS 600 S.E. COAST AVE  
CITY-ST-ZIP LANTANA FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME NELSON, PETER A.  
STREET ADDRESS 600 SE COAST AVE.  
CITY-ST-ZIP LANTANA, FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER A. NELSON 4/1/97 561-586-1111

Date

Daytime Phone

CR2E034 (9/96)