## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 504171

THE HALLANDALE DIGEST, INC.

Dein ein et Dinn	f Purious	Naulina Address		•			
		Mailing Address			, , , , , , , , , , , , , , , , , , ,		
224 S DIXIE HWY 224 S DIXIE HWY HALLANDALE FL 33009 HALLANDALE FL 33009					•		
		•			DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
2 Principal F	Place of Business	2a, Mailing Address	<del></del>		05/27/1976 4. FEI Number	Applied For	_
21 26				59-1688732	Not Applicab	-le	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	_
22		27	27		5. Certifcate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	_
Žip ─	Country	Zip	Cour	ntry	8. This corporation owes the current year Ir		
24	25	29	30		Personal Property Tax.  10. Name and Address of New Registered	Yes No	_
	9. Name and Address of Curren	r vedistered Adeur		81 Name	10. Name and Address of New Registered	Agent	_
BLU	iesten, daniel						_
222	69 S.W. 66 AVE.	•		82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
BOO	CA RATON FL 33428		ŀ	83			÷
		•	]				1
				84 City	FI	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the ab	ove-named cor	poration submits this statement for the purpose of	f changing its registered	ī
office or a	registered agent, or both, in the State or am familiar with, and accept the obligat	of Florida. Such change was a tions of Section 607.0505. Flo	authorized orida Statu	by the corporati	ion's board of directors. I hereby accept the appo	intment as registered	
SIGNATURE	,	,			•		
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered	Agent signature requir	ed when reinstating) DATE		_
12.	·	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	·····	
TITLE	P DANIEL	☐ DELETE	1.1 TITI			☐ Change ☐ Additi	ю
NAME	BLUESTEN, DANIEL		1.2 NA				
STREET ADDRESS	•			REET ADDRESS			
CITY-ST-ZIP TITLE	BOCA RATON FL 33428		1.4 CIT 2.1 TIT	Y-ST-ZIP	<del></del>	☐ Change ☐ Additi	in
			2.2 NAJ			□ onange □ room	
NAME STREET ADDRESS	S. 4						
STREET ADDRESS	# · /	•		REET ADDRESS TY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	3.1 TITE			☐ Change ☐ Additi	10
NAME		<del>-</del>	3.2 NA	1			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP	•	g - 4 x	
TITLE		☐ DELETE	4.1 TITI	<u> </u>		Change Additi	io
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	REET ADDRESS		•	
CITY-ST-ZIP		•	- E	Y-ST-ZIP			_
TITLE	*	C) DELETE	5.1 TM	Æ		☐ Change ☐ Addition	ioi
NAME			5.2 NA				
STREET ADDRESS	]			ME		•	
CITY-ST-ZIP	1 2		5.3 STF	ME REET ADORESS		•	
	**************************************		5.4 CIT	REET ADORESS Y-ST-ZIP		•	_
TITLE		☐ DELETE	1	REET ADORESS Y-ST-ZIP		☐ Change ☐ Additi	01
name		☐ DELETE	5.4 CIT	REET ADORESS Y-ST-ZIP		Change Additi	ioi

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. 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90064 041 \*\*\*150.00