SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8) **DOCUMENT #** FLORIDA PRESS CLUB, INC. Mailing Address Principal Place of Business PALM BEACH POST % JULIE WARESH 2751 SO DIXIE HWY 2751 SO DIXIE HWY W PALM BCH FL 33405 W PALM BCH FL 33405 3. Date Incorporated or Qualified 3a. Date of Last Report 10/08/1982 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business Mailing Address NOT APPLICABLE Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 2751 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip 340S USA Yes Mo Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WARESH, JULIE 82 (P.O. Box Number is Not Acceptable) PALM BEACH POST Heac 2751 SO DIXIE HWY W PALM BCH FL 33405 Zip Code 33 40 5 City 84 Beach Alin 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or registered agent, or 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 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable (36) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDENT Change DELETE 1.1 TITLE TITLE EARLE KIMME! 1624 Mendowcrat Blod 12 NAME KEEFER, CHARLES NAME 3111 VILLAGE BLVD., #102 1.3 STREET ADDRESS STREET ADORESS 34429 W PALM BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 21 TITLE TITLE 22 NAME CROUCH, LORI NAME 802 UPLAND RD 23 STREET ADDRESS STREET ADDRESS W PALM BCH FL 2 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TREASUREL TITLE WARESH, JULIE 3.2 NAME ChARles NAME 3.3 STREET ADDRESS 2751 SO DIXIE HWY STREET ADDRESS 33405 W PALM BCH FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE DIRECTOR TITLE D ALICE DUPOPT-4 2 NAME KING, JONATHAN NAME PO BOX 790 4.3 STREET ADDRESS 200 E. LAS OLAS BLVD. STREET ADDRESS 4.4 CITY - ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes; and

OFFICER OR DIRECTOR

that my name appears in Block 12 or

SIGNATURE:

407.820-4409