

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G32225** (6)

1. Corporation Name

MMM- THE GOOD NEWS PUBLISHING COMPANY

Principal Place of Business

**7022 SW 53RD LANE
MIAMI FL 33155-5609**

Mailing Address

**7022 SW 53RD LANE
MIAMI FL 33155-5609**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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9. Name and Address of Current Registered Agent

**MCHALE, EDWARD F. (ESO)
1401 BRICKELL AVENUE
SUITE 340
MIAMI FL 33131**

3. Date Incorporated or Qualified

04/04/1983

3a. Date of Last Report

06/30/1995

4. FEI Number

59-2415335

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

10. Name and Address of New Registered Agent

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 607.0142 and 607.1506, 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 obligation of Section 607.0142, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MCHALE, JOAN NIELSEN**
CITY, STATE, ZIP **7022 S.W. 53RD LANE**
TITLE **MIAMI FL**
NAME ☐ DELETE
STREET ADDRESS
CITY, STATE, ZIP
NAME ☐ DELETE
STREET ADDRESS
CITY, STATE, ZIP
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NAME ☐ DELETE
STREET ADDRESS
CITY, STATE, ZIP
NAME ☐ DELETE
STREET ADDRESS
CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY, STATE, ZIP ☐ Change ☐ Addition
8. NAME
9. STREET ADDRESS
10. CITY, STATE, ZIP ☐ Change ☐ Addition
11. NAME
12. STREET ADDRESS
13. CITY, STATE, ZIP ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP ☐ Change ☐ Addition
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93. STREET ADDRESS
94. CITY, STATE, ZIP ☐ Change ☐ Addition
95. NAME
96. STREET ADDRESS
97. CITY, STATE, ZIP ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. CITY, STATE, ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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. I am an officer or director of the corporation or the registered agent or trustee, or am 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:

Joan Nielsen McHale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/96 805 665-8101

CR2E034 (12/95)