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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	Name # G38634	•				ł		
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INC WIT	IISPERING EAGLE PRESS, II	NC.	•			A CHRAIDE MONTH STAGE MICHEL CARE MINE AND MINE MINES		
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Principal Plac	e of Business	Mailing Add	ress					HIR
•		-						
4420 NW 70 TE	=1.00 ·	4300 N.W. 23 P. O. 80X 14						
GAINESVILLE FL 32606 P. O. BOX 147050 US GAINESVILLE FL 32606-6541						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	ē	
						05/17/1983		
2. Principal P	lace of Business	2a. Mailing A	Address			4. FEI Number	Ap	plied For
21		26				59-2316128	No	t Applicable
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.				\$8.75	Additional
22		27	,			5. Certifcate of Status Desired	Fee Re	equired
City_&_Stat	е	City,&;Siچىتىرى	tate			- 6Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year In		
24	25	29		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Age	ent		ı	10. Name and Address of New Registered	Agent	
	ENTER PROLLED			81	Name			1
	TIMER, RICHARD L.	*		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	N.W. 70TH TERR.		•					
GAIN	NESVILLE FL 32606			83			1.75	
	. •			84	City		85 Zip (Code
				04	City	FL	- 183 Zip'	Code
44 . 0	1- 45 C045 C07 OF00				·	All the second s	changing its	ragiotogod
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, 1	-lorida Statutes	s, the above	e-named corpo	oration submits this statement for the purpose of	citaligning its	registered
office or r	egistered agent, or both, in the State of	f Florida. Such c	hange was aut	thorized by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	intment as re	gistered
office or r agent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State of the familiar with, and accept the obligation	f Florida. Such c	hange was aut	thorized by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	intment as re	gistered
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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 of supplemental angual 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 thanged, or of an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATUR

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90014 033 ***150.00