SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

161

APPROVED

1997 SEP 26 AN 11: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 1. Corporation | PRESS, INC. | 1100200 | | (0) | | | 1 1841011 BIOC 21118 11110 (1801 1818) | 1111 a ian alah biri arah birn arah biri |
|---|---|--|---|-----------------------------|---|--------------------|---|---|
| D. Control Div | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | |
| 4450 ENTERPRISE CT 4451 ENTERPRISE CT | | | | | | | | |
| STE G STE B MELBOURNE FL 32935 MELBOURNE FL 32935 | | | | | | | DO NOT WRIT | E IN THIS SPACE |
| US US | | | | | | | | 3a, Date of Last Report |
| | | | | | | | 12/10/1984 | 08/22/1996 |
| 2. Principal F | Place of Business | | 2a. Mailing Address | | | | 4, FEI Number | Applied For |
| 21 | | | 26 | | | | 59-2494483 | Not Applicable |
| Suite, Apt. | . #, etc. | | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | | 27 | | | | 6. Certificate of Status Desired | Fee Required |
| City & Stat | te | | City & State | | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | | 28] | | | | Trust Fund Contribution | Added to Fees |
| Zip | <u> </u> | Country | Ζιρ | - | Country | | 8. This corporation owes or has p | - · - · · |
| 24 | D Name and A | Address of Current | 29 Begistered Agent | | 30 | | Personal Property Tax due Juni 10. Name and Address of New Ri | |
| DE | | | vehistered vileti | · | 81 | Name | 10. Name and Address of New H | egistered Agent |
| | ASLEY, GREGOI | | | | | | | |
| 4451 ENTERPRISE CT STE B | | | | | 82 | Street Add | ress (P.O. Box Number is Not Accepta | ble) |
| MELBOURNE FL 32901 | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 7037—— 1 83 -09/29/9701183010 | | | 9711183110 |
| MELOODNIAE LT 2590) | | | | | | | | |
| | | | | | 84 | City | | FL 85 Zip Code |
| 11. Pursuant | to the provisions o | f Sections 607.0502 | and 607.1508. Flo | rida Statutes | s. the above | -named corr | poration submits this statement for the | nurroose of changing its registered |
| office or a agent. I a | registered agent, o am familiar with, an | r both, in the State of d accept the obligation | f Florida. Such cha ons of, Section 60 | ange was au 7.0505, Flor | ulhorized by ida Statutes | the corpora | poration submits this statement for the tion's board of directors. I hereby acception's | pt the appointment as registered |
| SIGNATURE | | | | | | | | |
| 12. | Signature, typed or printe | of name of registered agoint of OFFICERS AND I | | (NOTE: | | nt signature requi | ired when reinstating) | DATE |
| TITLE | PD | OF TOURS AND I | | DELETE | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 Change Addition |
| NAME | | REGORY MARK | . د.ب | | 1.2 NAME | | | Change C Addition |
| STREET ADDRESS 4451 ENTERPRISE CT, STE B | | | | 1.3 STREET ADDRESS | | | ls | |
| CRY-ST-ZIP | MELBOURNE | | | | 1.4 CHY-S | 1 | | |
| TITLE | ST | | | DELETE | 2 1 101E | 1-211 | | Change Addition |
| NAME | BEASLEY, RO | BERT L. | - | | 2 2 NAME | | | |
| STREET ADDRESS | | PRISE CT, STE B | | | 2.3 STREET | AUDRESS | | |
| CITY-ST-ZIP | MELBOURNE | | | | 2. 4 CITY - S | | | |
| TITLE | | | | DELETE | 3.1 TITLE | ···· | | ☐ Change ☐ Addition |
| NAME | 1 | | | | 3.2 NAME | | | · — · · · |
| STREET ADDRESS | | | | | 3.3 STREET | ADDRESS | | |
| CITY-S% ZIP | | | | | 3.4. CITY - S | 1-ZIP | | · |
| TITLE | | | | DFLETE | 4.1 TillE | | | Change Addition |
| NAME | | | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | | | 4.3 STREFT | ADDRESS | | |
| CITY-ST-ZIP | | | | | 4.4 CITY - ST | 1 | | |
| TITLE | | | | DELETE | 5.1 TITLE | | | Change Addition |
| NAME | | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | | 5.3 STREFT | ADDRESS | | |
| CITY-ST-ZIP | | | | | 5.4 CITY-ST | - ZIP | | ^ |
| TITLE . , | 11 | | | DELETE | 6.1 TITLE | | | Change Addition |
| NAME | ~ | | | | 6.2 NAME | | | 1 d. Kell |
| STREET ADDRESS | Lagran Company | | | | 6.3 STREET | ADDRESS | | - KINDAL (|
| CITY-ST-ZIP | <u> </u> | | | | 6.4 CITY - ST | | | MIN |
| 1 1 1 | | | | | | | | |

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 if changed for on an attachment with an address.