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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L36021

(8)

NEWBORN NEWS, INC.

FILED May 02 1997 8:00am Secretary of State



Frincipal Flaci	e or business	Maning Address			· · · · · · · · · · · · · · · · · · ·		011 WINE 1001
5746 NW 100TH TERRACE CORAL SPRINGS FL 33076 US		5746 NW 100TH TERRACE CORAL SPRINGS FL 33076-2589 US			1,		
•		00			3: Date Incorporated or Qualified	3a. Date of Last	•
					12/06/1989	05/01/1996	3
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	} →	Applied For
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0165070 Not Applies		Not Applicable	
22		27			5. Certificate of Status Desired	1 1	Additional Required
City & State	9	City & State		·	6. Election Campaign Financing		O May Be
23		28	[28]		Trust Fund Contribution Added to Fees		
Zip	Country	Country Zip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
	NBERG, STEVEN A.		81	Name		1	
	D PETERS RD		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PLA	NTATION FL 33324		83		The state of the s		
			00				
			84	City	The second secon	FL 85 Z1	p Code
11. Pursuant	to the provisions of Sections 607.050;	2 and 607.1508, Florida State	ules, the above	named corp	poration submits this statement for the patients board of directors. I hereby acce	nucose of changing	j its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	Iorida Statutes	·	norrajbourd or directors. Thereby deep	ра по арропилста	as registered
SIGNATURE	Signature, typed or print a name of registered ag	presi	and the state of t			097	
12.	Signature, typed or print d natic brogistered age OFFICERS AND		711. Hogisareo Age	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	OBS IN 12
TITLE	Ď	DELETE	1.1 1/11/16		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	
NAME	KOHN, MARVIN		1.2 NAME				
STREET ADDRESS	1201 MONTICELLO AVENUE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	DAVIE FL		1.4 City - S	I - ZIP			
TITLE	D	☐ DELFTE	2.1 1ITLE			☐ Chang	e Addition
NAME	KOHN, MINDY		2.2 NAME				
STREET ADDRESS	1201 MONTICELLO AVENUE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	DAVIE FL	Double	2.4 CITY - S	1 - Z(F		По	17
TITLE		☐ DELETE	3.1 THLE			☐ Changi	e L. Addition
NAME OZDECT ADDDECOS			3.2 NAME	IDDDEGG			
STREET ADDRESS CITY-ST-ZIP			3.3 STREET				
TITLE		DELETE	3.4. COY - S 4.1 TITLE	1-711		Chang	e 🔲 Addition
NAME			4.12 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		•	4.4 CITY - S	1 - ZIP			
TITLE		DECETE	5.1 TITLE			Chang	e 🔲 Addition
NAME			5.2 NAME			4	
STREET ADDRESS			5.\$ STREET	ADDRESS			
CITY-ST-ZIP			5.1 CITY S	I - ZIP			
TITLE		☐ DELETE	6.1 TITLE			Chang	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 \$1REE1	ADDRESS			
CITY-ST-ZIP		2 14 11 2 50 2 3	6.4 CITY-S	I - ZIP	11: C1:- 140 07/0/0 Fire 1		

I we meleby 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 logal 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.