**FILED** 

Mar 04, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L49047**

1. Corporation Name

THE TIM	es today, Inc.								
Principal Place	of Business	Mailing Ad	dress		_		-	FIERL DION ASOM	
33920 US HWY	19 N	33920 US 1	9 NORTH						
216 216							DO NOT WRITE IN THIS	SDACE	
PALM HARBOR FL 34684 US US PALM HARBER FL 34684 US							3. Date Incorporated or Qualifed	3FAUL	
US		บจ					02/06/1990		-
2 Dringing D	ace of Business	2a. Mailing	Address				4. FEI Number	TA	pplied For
	ace of busiliess	— — ·	Address				59-2990477	<del></del>	ot Applicable
Suite, Apt.	# etc	26 Suite	Apt. #, etc.		_				Additional
22	27				<del>-</del> -	5. Certifcate of Status Desired	Fee R	equired	
City & State	<del></del>		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zip		Countr	ry		8. This corporation owes the current year In	tangible	_
24	25	29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered A	gent		т.		10. Name and Address of New Registered	Agent	
140AF	TERC FLICT V			8	1	Name			
	TERS, ELISE K.			8:	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
600 CLEVELAND ST., SUITE 620					4				
CLEA	ARWATER FL 34615			8:	3				
				8-	4	City	Fi	85 Zip	Code
11 Purcuant	to the provisions of Sections 607.05	502 and 607 1508	Elorida Statut	es the abo	L	named corpo	pration submits this statement for the purpose of	f changing its	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such	change was a	uthorized b	y tr	ne corporation	n's board of directors. I hereby accept the appo	intment as re	egistered
SIGNATURE							when reinstation) DATE		
12.	Signature, typed or printed name of registered ag	gent and title if applicable		13.	ent :	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D	IND DIRECTORS	DELETE	1,1 TITLE			7.0011.010.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Change	
NAME	CARROLL, BARRY			1.2 NAME			•		
STREET ADDRESS	2014 DIANE AVENUE				-	ADDRESS			
	PALM HARBOR FL			1.4 CITY-					
CITY-ST-ZIP TITLE	D		DELETE	2.1 TITLE		-		Change	☐ Addition
NAME	CARROLL, LINDA		<del>-</del>	2.2 NAME					ļ
STREET ADDRESS	2014 DIANE AVENUE					ADDRESS			[
	PALM HARBOR FL			2.4 CITY		1			j
CITY-ST-ZIP TITLE	I VEHI HVI DOLLI F		DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				3.4. CITY					
TITLE			☐ DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAMI	Ε				
STREET ADDRESS						ADDRESS .			
CITY-ST-ZIP				4.4 CITY-		i			
TITLE			DELETE	5.1 TITLE				Change	☐ Addition
NAME				5 2 NAME	E				
STREET ADDRESS				5.3 STRE	ET/	ADDRESS			Î
CITY-ST-ZIP				5.4 CITY-	-51-	ZIP			
TITLE			☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME				6.2 NAME	E				
STREET ADDRESS				6.3 STRE	ET/	ADDRESS			

CITY-ST-ZIP 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 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 or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: