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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90099 037 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M72299

1. Corporation Name
THE LANGLEY PRESS, INC.



Principal Place of Business
 821 GEORGIA STREET
 KEY WEST FL 33040

Mailing Address
 821 GEORGIA STREET
 KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/10/1988

4. FEI Number
59-2412186

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 [] 22 [] 23 [] 24 []

2a. Mailing Address
 26 [] 27 [] 28 [] 29 [] 30 []

9. Name and Address of Current Registered Agent
LANGLEY, JOAN K.
821 GEORGIA STREET
KEY WEST FL 33040

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 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **DP LANGLEY, WRIGHT**
 STREET ADDRESS **821 GEORGIA ST.**
 CITY-ST-ZIP **KEY WEST FL**

TITLE DELETE
 NAME **DST LANGLEY, JOAN K.**
 STREET ADDRESS **821 GEORGIA ST.**
 CITY-ST-ZIP **KEY WEST FL**

TITLE DELETE
 NAME []
 STREET ADDRESS []
 CITY-ST-ZIP []

TITLE DELETE
 NAME []
 STREET ADDRESS []
 CITY-ST-ZIP []

TITLE DELETE
 NAME []
 STREET ADDRESS []
 CITY-ST-ZIP []

TITLE DELETE
 NAME []
 STREET ADDRESS []
 CITY-ST-ZIP []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME []
 1.3 STREET ADDRESS []
 1.4 CITY-ST-ZIP []

2.1 TITLE Change Addition
 2.2 NAME []
 2.3 STREET ADDRESS []
 2.4 CITY-ST-ZIP []

3.1 TITLE Change Addition
 3.2 NAME []
 3.3 STREET ADDRESS []
 3.4 CITY-ST-ZIP []

4.1 TITLE Change Addition
 4.2 NAME []
 4.3 STREET ADDRESS []
 4.4 CITY-ST-ZIP []

5.1 TITLE Change Addition
 5.2 NAME []
 5.3 STREET ADDRESS []
 5.4 CITY-ST-ZIP []

6.1 TITLE Change Addition
 6.2 NAME []
 6.3 STREET ADDRESS []
 6.4 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.

SIGNATURE: Joan K. Langley, TRM 2/11/99 305-294-3156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)