03-16-1999 90155 043 ***150.00

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

 Corporation 	ATER PUBLISHING CO.	•						
Principal Place	e of Business	M	lailing Address			F IMPINGER (EL CASUL SMULL) LOGIN DEFIN MEST DIN	#)
MILE MARKER 102.5 P.O. BOX 2720 KEY LARGO FL 33037 KEY LARGO FL 33037								
						DO NOT WRITE IN TH	IIS SPACE	
			_			3. Date Incorporated or Qualifed 04/18/1988		
2. Principal Place of Business 2a. Mailing Address			. Mailing Address			4. FEI Number		plied For
21		26				65-0131615	·· 	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27	014 9 04-4-					 {.
City & State	e	-	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	28	Zip	Country	,	This corporation owes the current year		3,003
	25	29	30	_ `		Personal Property Tax.	Yes	
24	9. Name and Address of Curre			<u> </u>		10. Name and Address of New Registere		7
	Transparent and Andrews			81	Name			
DOERNBACH, BARBARA				-	Charact A	diana (D.O. Day Myrahar is Not Associable)	·	
491 BARRACUDA BLVD			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
KEY LARGO FL 33037				83				
				_				0-40
				84	City	F	L 85 Zip (2006
office or o	egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Flori ations of	ida. Such change was autr f, Section 607.0505, Florid 	a Statutes	the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the property of	ointment as re	gistered ———
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	FRINK, STEPHEN BRUCE			1.2 NAME		•		1
STREET ADDRESS	491 BARRACUDA BLVD			1.3 STREE	TADDRESS			
CITY-ST-ZIP	KEY LARGO FL		_	1.4 CITY-S	T-ZIP			
TITLE	D		☐ DELETE	2.1 TITLE			Change	☐ Addition]
NAME	Dorenbach, Barbara ann			2.2 NAME			1	İ
STREET ADDRESS	491 BARRACUDA BLVD			2.3 STREE	TADDRESS		·	
.CITY-ST-ZIP	KEY LARGO FL_		<u> </u>	2_4 CITY-5	ST-21P			ــــــــــــــــــــــــــــــــــــــ
TITLE	D		☐ DELETE	3.1 TITLE		•	Change	Addition
NAME	HAFF, SHIRLEY CHRISTIE			3.2 NAME	- [· .
STREET ADDRESS	1105 HERON RD			3.3 STREE	TADDRESS			
CITY-ST-ZIP	KEY LARGO FL			3.4. CITY-5	ST-ZIP		☐ Change	Addition
TITLE			☐ DELETE	4.1 TITLE			☐ Change	
NAME				4. 2 NAME		•		
STREET ADDRESS					TADDRESS			ĺ
CITY-ST-ZIP			[7] DOLETE	4.4 CITY-S	IT-ZIP		Change	
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME			Ci cuman	٠. ٠٠٠٠٠٠١
NAME					TADDRESS			
STREET ADDRESS				5.4 CITY- S	1			
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITLE			☐ Change	Addition
TITLE					i			-

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

03/08/99