FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:13

DOCUMENT # N40639 (9)

1. Corporation Name
NOTRNEWS, INC.

Principal Place of Business	Mailing Address
IMPERIAL HEADQUARTERS 5425 39TH STR E BRADENTON FL 34203-0538 US	IMPERIAL HEADQUARTERS PO BOX 20538 BRADENTON FL 34203-0538 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1990
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0003196 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HENDERSON, LEE A.
5548 37TH ST E
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name: ENGWILLER, JOHN D
82 Street Address (P.O. Box Number is Not Acceptable): 6539 MAGELLAN CT.#105
83
84 City: SARASOTA FL 85 Zip Code: 34243

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: John D. Engwiller Sr. JOHN D. ENGWILLER SR. 02-14-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SUTTON, FRED A	1.2 NAME	BAILEY, PAUL	
STREET ADDRESS	206 N BROWN AVE	1.3 STREET ADDRESS	324 RUTTER AVE	
CITY-ST-ZIP	TERRE HAUTE IN	1.4 CITY-ST-ZIP	KINGSTON, PA 18704	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	GUIGELAAR, CURTIS L	2.2 NAME		
STREET ADDRESS	100 NORTHLAND DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	SAND LAKE MI	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	HENDERSON, LEE A	3.2 NAME	ENGWILLER, JOHN D	
STREET ADDRESS	5548 37TH ST E	3.3 STREET ADDRESS	6539 MAGELLAN CT.# 105	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	NOWRY, KENNETH	4.2 NAME		
STREET ADDRESS	38615 JOY RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WESTLAND MI	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	REED, VINCENT P JR	5.2 NAME		
STREET ADDRESS	6 ELMWOOD RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	LYNNFIELD MA	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ZOSCSAK, GEORGE J	6.2 NAME		
STREET ADDRESS	1547 MAYFIELD AVE NE	6.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND RAPIDS MI	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John D. Engwiller Sr. ST 02-14-95 813-751-1483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002106