

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40639 (9)
1. Corporation Name
NOTRNEWS, INC.



Principal Place of Business
**IMPERIAL HEADQUARTERS
5425 39TH STR E
BRADENTON FL 34203-0538
US**

Mailing Address
**IMPERIAL HEADQUARTERS
PO BOX 20538
BRADENTON FL 34203-0538
US**

3. Date Incorporated or Qualified
11/02/1990

3a. Date of Last Report
02/20/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**ENGWILLER, JOHN D.
6539 MAGELLAN CT #105
SARASOTA FL 34243**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, PAUL	
STREET ADDRESS	324 RUTTER AVE	
CITY-ST-ZIP	KINGSTON PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUIGELAAR, CURTIS L	
STREET ADDRESS	100 NORTHLAND DR	
CITY-ST-ZIP	SAND LAKE MI	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ENGWILLER, JOHN D.	
STREET ADDRESS	6539 MAGELLAN CT #105	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOWRY, KENNETH	
STREET ADDRESS	38815 JOY RD	
CITY-ST-ZIP	WESTLAND MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REED, VINCENT P JR	
STREET ADDRESS	6 ELMWOOD RD	
CITY-ST-ZIP	LYNNFIELD MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZOSCSAK, GEORGE J	
STREET ADDRESS	1547 MAYFIELD AVE NE	
CITY-ST-ZIP	GRAND RAPIDS MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALFRED NOWAK	
1.3 STREET ADDRESS	159 CROSBY BLVD.	
1.4 CITY-ST-ZIP	AMHERST, N.Y.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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. Engwiler Sr.*

1-17-96

941-751-1483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)