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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34204-0538 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/02/1990	3a. Date of Last Report 01/25/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0003196	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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 *John D. Engwiler* **JOHN ENGWILLER** *Self* **Self** **3/10/97**
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWAK, ALFRED	1.2 NAME	
STREET ADDRESS	150 CROSBY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AMHERST NY	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGWILLER, JOHN D.	3.2 NAME	
STREET ADDRESS	6539 MAGELLAN CT #105	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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. Engwiler* **JOHN ENGWILLER** *Self* **Self** **3-10-97** **941-751-1402**

CR2E037 (9/96)