

2-13-98 6 1980
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FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 34203-0538 US
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3. Date Incorporated or Qualified

11/02/1990

4. FEI Number

65-0003196

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30, ☐ Yes ☐ 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

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

John D. Engwiler Sr

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

(NOTE: Registered Agent signature required when reinstating)

2-6-98

DATE

12. OFFICERS AND DIRECTORS

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	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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

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 checked="" type="checkbox"/> Addition
5.2 NAME	D -
5.3 STREET ADDRESS	SUTTON, FRED
5.4 CITY - ST - ZIP	206 N BROWN AVE

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	BALCOM, ERNEST
6.4 CITY - ST - ZIP	575 COUNTRY RD # 489

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 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

JOHN D. ENGWILLER SR. 2-6-98

941-751-1483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063582

CR2E037 (10/97)