

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90023 002 ****61.25

0055832

DOCUMENT # N40639

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

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

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/02/1990

4. FEI Number

65-0003196

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

ENGWILLER JOHN D

82 Street Address (P.O. Box Number is Not Acceptable)

5627 39 ST. EAST

83

84 City

BRADENTON

FL

85 Zip Code

34203

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 ENWILLER Sec/TREA

1-12-99

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 D ☐ DELETE

NAME GUIGELAAR, CURTIS L

STREET ADDRESS 100 NORTHLAND DR

CITY-ST-ZIP SAND LAKE MI

TITLE ST ☒ DELETE

NAME ENGWILLER, JOHN D.

STREET ADDRESS 6539 MAGELLAN CT #105

CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME REED, VINCENT P JR

STREET ADDRESS 6 ELMWOOD RD

CITY-ST-ZIP LYNNFIELD MA

TITLE D ☐ DELETE

NAME ZOSCSAK, GEORGE J

STREET ADDRESS 1547 MAYFIELD AVE NE

CITY-ST-ZIP GRAND RAPIDS MI

TITLE D ☐ DELETE

NAME SUTTON, FRED

STREET ADDRESS 206 N BROWN AVE

CITY-ST-ZIP TERRE HAUTE IN 47803

TITLE D ☐ DELETE

NAME BALCOM, ERNEST

STREET ADDRESS 575 COUNTRY RD, #489

CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

BALCOM, ERNEST

PO BOX 1003

LAKE PANASOFFKEE, FL 33538

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

John D. Engwiler JOHN ENWILLER Director

1-12-99

941-751-1483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)