FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Principal Place of Business	Mailing Address
1500 EAST JOHNSON AVENUE	1500 EAST JOHNSON AVENUE
STE 123	STE 123
PENSACOLA FL 32514	PENSACOLA FL 32514

FILED Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90010 006 ****61.25

	MENT # N96000	00	3198							
1. Corporation Name RUSSIAN RESOURCES PRESS, INC.				144114 - 90010 - 6						
Principal Place	e of Business	М	ailing Address							
ISMO EAST IN	HNSON AVENUE	10	500 EAST JOHNSON AVEI	NUE			ı 10001101 010 10010 03110 00121 0021	40(1) 40(1) 41	an 12202 21 313 1 4 1	(8) (8)) (8 0)
STE 123	WINSON AVENUE		TE 123	102						
PENSACOLA F	FL 32514	_	ENSACOLA FL 32514							
							_			
							•			
2. Principal P	Place of Business	2a	Mailing Address				3. Date Incorporated or Qualifed			
4		26	_				.06/13/1996			
Suite, Apt.	#. etc.	1201	Suite, Apt. #, etc.				4. FEI Number		App	lied For
ام	, 5.55	27	, ,				59-3423966		Not	Applicable
City & Stat	100	21	City & State						\$8.75 A	
-		28	o, a o.a				5. Certifcate of Status Desired		Fee Rec	1
Zip	Country	40	Zip	Country			6. Election Campaign Financing		\$5.00	Jay Bo
¬ '	_ ·	\vdash	· _	·			Trust Fund Contribution		Added to	
4	[25]	29		30			10. Name and Address of New R	enistered A		7, 003
	9. Name and Address of Current	Kegis	tered Agent	81	Name		IV. Nalle and Address of New IV	egisterou /	·Harit	
				١٠.	Haino					
Baskin, (GEORGE W			82	Street	Addres	is (P.O. Box Number is Not Accepta	ole)		
1500 EAS	IT JOHNSON AVENUE									
STE 123	5			83				•		-
	DLA FL 32514			84	City				85 Zip C	ode
				04	City		•	FL		
11. Pursuant	to the provisions of Sections 617.0502	and 6	17.1508, Florida Statutes	s, the abov	e-named	corpora	ation submits this statement for the	ourpose of o	hanging its r	egistered
office or r	egistered agent or both in the State of	FIOR	ia. Such change was aut	inorizea ov	tne cord	oration'	's board of directors. I hereby accept	t the appoin	tment as reg	istered
agent. I a	m familiar with, and accept the obligation	ns of	, Section 617.0503, Florid	da Statutes	i.					
SIGNATURE			Wanniloohia (NOTE: F	Panistered Are	nt signature	required w	rhen reinstating)	DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND			13.	nt signatoro	roquirou ii	ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTOR	RS IN 12
TITLE	DP CITIEERO ARE	Direct	☐ DELETE	1,1 TITLE					Change	Addition
	BASKIN, GEORGE			1.2 NAME						1
NAME										l
STREET ADDRESS	1500 E. JOHNSON AVE. #123				TADDRESS	1				[
CITY-ST-ZIP	PENSACOLA FL 32514			1.4 CITY-S	T-ZIP	<u> </u>		<u> </u>	Change	Addition
TITLE	D		☐ DELETE	2.1 TITLE					□ Criange	
NAME	ELLIOTT, MARK DR.			2.2 NAME					*	1
STREET ADDRESS	221 SOUTH WILLISTON ST			2.3 STREE	T ADDRESS				_	
CITY-ST-ZIP	WHEATON IL 60187			2.4 CITY-	ST-ZIP	.	<u></u>			
TITLE	DS		☐ DELETE	3.1 TITLE		DV	<i>P</i>		Change	☐ Addition
NAME	FEW, JIMMIE			3.2 NAME		L.S.	i, Jimmiz			-
STREET ADDRESS	AATA TURK LAKEA BOUE			3.3 STREE	T ADDRESS	237	TO TWIN LAKES DR	•		ŀ
CITY-ST-ZIP	MOBILE AL 36695			3.4. CITY-1	ST-71P	14.6	ME AL 36695			
TITLE	D		☐ DELETE	4.1 TITLE		1			Change	☐ Addition
	- ·			1		1				
NAME	FIRTH, RICHARD			4. 2 NAME						-
STREET ADDRESS	1119 SOUNDVIEW TRAIL			1	TADDRESS					1
CITY-ST-ZIP	GULF BREEZE FL 32561			4.4 CITY-5	T-ZIP	}			Charm	Addition
TITLE	DV		DELETE	5.1 TITLE					Change	Addition
NAME	KENT, BRIAN REV.			5.2 NAME		1				
STREET ADDRESS	40122 ZAMURA CT			5.3 STREE	TADORESS					1
CITY-\$T-ZIP	MURRIETA CA 92562			5.4 CITY- 9	T-ZIP					
TITLE	D		☐ DELETE	6.1 TITLE		DS	7		Change	Addition
;	<u> </u>			6.2 NAME		TUE	ener Robert		-	
NAME	TURNER, ROBERT				TADDRESS	2	OD DUPONT			1
STREET ADDRESS	2290 DUPONT					-	90 DUPONT VSACOLA FL 3>8	~. R		
CITY-ST-ZIP	PENSACOLA FL 32503			6.4 CITY-S	ST-ZIP	12	NSACOLA FL 371			

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, with all other like empowered.

SIGNATURE:

856 479 7962