FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90060 004 ***150.00

DOCUMENT # **P93000066632**1. Corporation Name

OUT OF TOWN NEWSPAPERS, INC.

]] []					
Principal Place	e of Business	Mailing Address									
1407 RAINBOW	AVE.	1407 RAINBOW AVE.									
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406			3406	;			DO NOT WRITE IN THIS SPACE				
						<u>-</u> -			SPACE		
						3. Date Inc.	orporated or Qualife 1003	eu			
0 Dining B	ace of Business	2a. Mailing Address				4, FEI Num				Applied For	
_	ace or business	<u> </u>				65-043				Not Applicable	
21	W -t-	Suite, Apt. #, etc.				007043	3031			Additional	
Suite, Apt. a	۴, etc.	27 Suite, Apr. #, etc.				5. Certifcate	e of Status Desired			Required	
City & State	,	- City & State				6. Election	Campaign Financin	<u> </u>	\$5.0	0 May Be	
23		28				1	nd Contribution	· • 🗆		d to Fees	
Zip			Country	Country		8. This co poration owes the current year list			ntangible		
24	25	29	30				Property Tax.	•	☐Yes	C28 10	
	9. Name and Address of Current		[00]	-			nd Address of Nev	w Registered	Agent		
5. Haine and Address of Carrett Togistorea Agent					81 Name						
WHALEN, TIMOTHY L			L.								
40) AUSTRALIAN AVE. SOUTH			82	82 Street Address (P.O. B			lumber is Not Acce	ptable)			
SUIT	E 850		83	+							
WES	T PALM BEACH FL 33401		1	1							
			84	Ci	ty				85 Zi	p Ccde	
	6 - 4 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -	1007 4500 FI Di I		1		entina nakanita	this statement for t	ho purposo (f changing	ite rugistered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	· Florida. Such change was a	euthorized by	the	corporation	is board of dir	ectors. I hereby ac	cept the app	intment as	registered	
agent. I ar	n familiar with, and accept the obligati	ons of, Section 607.0505, Fl	crida Statutes	; .							
SIGNATURE								· · · - · · · ·			
	Signature, typed or printed name of registered agent		E: Registered Age	nt sign	ature required v		IDIOLINIOED TO	DATE	ND DIDEO:	TODE IN 42	
12.	OFFICERS AND		13.			ADDITIC	IS/CHANGES TO	JFFICERS F.	Chang		
TITLE	DV	☐ DELETE	1.1 TITLE								
NAME	HAAS, ELIZABETH A		1.2 NAME								
STREET ADDRESS			1.3 STREE	TADD	RESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33406		1.4 CITY-S	T-ZIP						7 A 1 Fe	
TITLE	DELETE 2.1		2.1 TITLE	2.1 TITLE					Chang	e	
NAME	gatlin, gertrude a		2.2 NAME	2.2 NAME							
STREET ADDRE 3S			2.3 STREE	2.3 STREET ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL 33406		2.4 CITY-5	ST-ZIF							
TITLE	ST	DELETE	3.1 TITLE					-	☐ Chang	je ∏Addition	
NAME	FORD, DIANE M		3 2 NAME								
STREET ADDRESS	1407 RAINBOW AVE.		3.3 STREE	TADD	RESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33406		3.4. CITY-5								
TITLE	THE TAXABLE PROPERTY IN COLUMN	☐ DELETE	4.1 TITLE						Chang	e Addition	
NAME			4. 2 NAME								
			4.3 STREE		DEGG						
STREET ADDRESS			4.4 CITY-S								
CITY-ST-ZIP		DELETE	5.1 TITLE	1-61					Chang	e Addition	
· .			5.1 TILLE								
NAME			5.3 STREE	TANN	RESS						
STREET ADDRESS			5.3 STREE								
CITY-ST-ZIP		□ DELETE	6.1 TITLE						Chang	e Addition	
TITLE		L] DELETE								- L. A.	
NAME			6.2 NAME		Į.						

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)