

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

DOCUMENT # P94000018672

1. Corporation Name

ABERDEEN TIMES, INC.

Principal Place of Business

% JERRY HIRSCHHAUT
8980 SHOAL CREEK LANE
BOYNTON BEACH FL 33424

Mailing Address

P.O. BOX 740063
BOYNTON BEACH FL 33474-0063
US

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90174 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1994

4. FEI Number

65-0267706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 46 LEONARD TARMON

2a. Mailing Address

26 Suite, Apt. #, etc.

22 7200 HEARTHSTONE RD

27 City & State

23 BOYNTON BEACH FL

28 Zip

24 33437

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HIRSCHHAUT, JERRY
8980 SHOAL CREEK LANE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name
TARMON, LEONARD

82 Street Address (P.O. Box Number is Not Acceptable)
7200 HEARTHSTONE RD

83

84 City
BOYNTON BEACH

FL

85 Zip Code
33437

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE LEONARD TARMON

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

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

2/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HIRSCHHAUT, JERRY
STREET ADDRESS % 8980 SHOAL CREEK LANE
CITY-ST-ZIP BOYNTON BEACH FL 33437

☒ DELETE

TITLE S
NAME CEASE, CAROL
STREET ADDRESS 8324 WATERLINE DR., #210
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE T
NAME HENRY BROOKS
STREET ADDRESS 7135 LE CHALET BLVD.
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME KRAWITZ, RUTH
1.3 STREET ADDRESS 7791 BRIDLINGTON DR
1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

33437

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

33437

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Henry Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/99

Date

561 734 0253

Daytime Phone #

CR2E034 (11/98)