

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000030762 (5)

1. Corporation Name

PALM BEACH PUBLISHING INVESTMENTS, INC.



Principal Place of Business

224 DATURA STREET  
SUITE 1100  
W PALM BEACH FL 33401

Mailing Address

224 DATURA STREET  
SUITE 1100  
W PALM BEACH FL 33401

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 505 S. FLAGLER DR.

26 505 S. FLAGLER DR.

4. FEI Number

69-0578697

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1001

27 SUITE 1001

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 WEST PALM BEACH

28 WEST PALM BEACH

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip Country

Zip Country

24 FL 33401

29 FL 33401

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOLIN, CHRISTIAN N  
224 DATURA STREET  
SUITE 1100  
W PALM BEACH FL 33401

81 Name

SCHOLIN, CHRISTIAN N.

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

505 S. FLAGLER DR

83

SUITE 1001

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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

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

CHRISTIAN N. SCHOLIN, ATTORNEY AT LAW 4/17/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
IVES, PETER  
1306 WEST INDIES WAY  
LANTANA FL 33462

☒ DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

D  
KARI KOPONEN  
1304 WEST INDIES WAY  
LANTANA, FL 33462

☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
MAKINEN, MIKKO  
1304 WEST INDIES WAY  
LANTANA FL 33462

☐ DELETE

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

D  
TINA ROGERS  
1309 WEST INDIES WAY  
LANTANA, FL 33462

☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
PEURALA, MASERATI  
SVEAVAGEN 33  
STOCKHOLM SWEDEN

☒ DELETE

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

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Mikko Makinen

4-24-96

(407) 837 6969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)