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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084771 (9)

TREASURE COAST PARENTING NEWS, INC.

Principal Place	of Business	Mailing Address	· - · · · · · · · · · · · · · · · ·						
3775 6TH LAI VERO BEACH		3775 6TH LANE VERO BEACH FL 329	3775 6TH LANE VERO BEACH FL 32965			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 09/29/1997			
2. Principal Pi	ace of Business	2a. Mailing Address	, Mailing Address			4. FEI Number 65 - 0791191	h	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suito, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	1	City & State				6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to			
<i>Z</i> ip 24	Country [25]	Zipi 29	Co.	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Cu	rrent Registered Agent		81		10. Name and Address of New Registered	Agent		
HULL, JULIE K 3775 6TH LANE VERO BEACH FL 32965				81 Name					
				82	Street Addr	dress (P.O. Box Number is Not Acceptable)			
VEI		83							
				84	City	FI	85 Zı	ρ Code	
office or re		state of Horida. Such change wa	as authorize	d by	the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing		
SIGNATURE .			ale Bis						
12.	Signature, type for peinted name of repeters Of LICERS	AND DIRECTORS	13.		ic signature requi	ed when re-instaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12	
TITLE	D	T DELITE		1111111			Change		
NAME	HULL, JULIE K		1.2 N	1.2 NAME					
STREET ADDRESS	3775 6TH LANE		1.3 S	IREE L.	ADDRESS				
0.TV 6T 7/D	MEDO BEACH EL 22065								

CITY-ST-ZIF DELETE Change Addition TITLE 2.1 TITUE SANDERS, STEPHAN C 2.2 NAME STREET ADDRESS **49**04 PINETREE DR 2.3 STHEET ADDRESS FT PIERCE FL 34982 City-ST-ZIP 2 4 C((Y+S)-2)P DECETE Change Addition TITLE 3.1 TI11 E NAME STREET ADDRESS 33 STHEET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DILLTE Change Addition 4.1 THE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-\$1-7(P) CITY-ST-ZIP DELLIE Addition 5.1 3ITLE Change TITLE 5.2 NAM6 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY: ST- ZIP DELETE ☐ Change Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby cerbly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 12 or Block 13 if changed oncor an attachment with a happears.

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FILED

May 11 1998 8:00am

Secretary of State

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