## 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 # **P97000088500**1. Corporation Name

ALTNEWTIMES INC.

Principal Place	e of Business	Mailing Address				ili Baili asili asili	i il i il i i i i i i i i i i i i i i i	BILL BEIT 1991
6 NORTH AURO		P O BOX 6143						
CLEARWATER FL 33765		CLEARWATER FL 33758		DO NOT	WRITE IN THIS	SDACE		
us US					3. Date Incorporated or Qual		-GI AOL	
					10/14/1997			l
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			59-3474588		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d 🗋	\$8.75 A	
22		27			5, Certificate of Status Desire	<u> </u>	Fee Rec	<del>`</del> -
City & State	e	City & State			6. Election Campaign Finance	ing 🗆	\$5.00 1	
23		28	0 11		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		This corporation owes the Personal Property Tax.	current year in		□No
24	9. Name and Address of Curre	29 3	101		10. Name and Address of No	ew Registered		
	9. Name and Address of Curre	III Registered Agent	81	Name	*			
ACC	OUNTING & TAX HELP, INC.			2	. J. CATCRIGAN	TCO.	ے کرا	
8668	PARK BLVD.		82	Street Addr	ess (P.O. Box Number is Not Acc	Dr. Su	א זברו ו	}
SUIT	EA		83	0.00	D KONG CREEK			
SEMI	INOLE FL 33777		0.1				85 Zip C	odo .
			84	TAN	MPA	FL	-   <i>  53</i>	6/3
11. Pursuant	to the provisions of Sections 607.030 egistered agent, or both, in the State	22 and 607.1508, Florida Statutes	, the above	e-named corp	oration submits this statement for	the purpose of	changing its	registered
office or n agent. I a	egistered agent, or both, in the State im familia with, and accept the obliga-	e of Florida, Such change was auto atlons of, Section 607,0505, Florid	nonzed by ta Statutes	the corporation	on's board of directors. I hereby a	iccept tile appo	munem as reg	Josefel
								,
CIONATURE	(Kernes ()	aures)				1-2	7-99	
CIONATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: R	tegistered Agen	nt signature required		J-Z DATE	7-99	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: R	tegistered Agen		d when reinstating)  ADDITIONS/CHANGES TO	DATE DATE		
SIGNATURE  12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	ant and title if applicable. (NOTE: R	13.			DATE OFFICERS AN	7-9 9  ND DIRECTOI  Change	RS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND P FINDLAY, DAVID	ant and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	nt signature required		DATE OFFICERS A		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND PRINTED AND AVID 6 NORTH AURORA AVE	ant and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature required		DATE DATE		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND P FINDLAY, DAVID	and title if applicable. (NOTE: R. ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature required		DATE DATE		
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AND PRINTED AND AVID 6 NORTH AURORA AVE	ant and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	nt signature required		DATE DATE	☐ Change	Addition (
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CITY-ST-ZIP 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.

6.2 NAME

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

DAVID FINDLA

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90027 014 \*\*\*150.00