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

**PROFIT CCRPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90248 004 \*\*\*150.00

1999

DOCUMENT # P97000106635

CITY NEWS, INC.

Principal Place of Business Mailing Address								
4400 BOUGANVILLA DR 4400 BOUGANVILLA DR LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL				L 33308				
Diographic by The San Co.						DO NOT WRITE IN TH S SPACE		
						3. Date Incorporated or Qualifed		
						12/18/1997	<del></del>	
Principal Place of Business     2a. Mailing Address						4. FEI Nu nber	<u> </u>	p ied For
21 26						65-0803301	<del></del>	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 A	
City & S: ate City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year		<b>.</b>
24	25 29 30				<del></del> -	Personal Property Tax.		No
Name and Address of Current Registered Agent						10. Name and Address of New Registe	red Agent	
lere.	DEV D MACTHED DA		i	81	Name			
JEFFREY D. KASTNER, P.A. 10400 GRIFFIN RD, STE 203-A				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
COOPER CITY FL 33328				83				
				_				C.w/a
				84 City			FL 85 Zip (	Code
I office con	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a	iuthorized	by t	the corporati	poration submits this statement for the purpoion's board of cirectors. I hereby accept the a	se of changing its appointment as re	r∋gistered g stered
SIGNATURE						ed when reinstating) DA'	re ————	
	Signature, typed or printed na ne of registered ag	NI) DIRECTORS	13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICER		DE'S IN 12
TITLE	PD	DELETE		1.1 TITLE		ADDITION OF TARGED TO CITICE!	☐ Change	Addition
	MAZZA, JOSEPH			1.1 NAME				_
NAME	AACO DOLICANDRI LA DO				ADDRESS			
STREET ADDRESS	LAUDEDDALE BY THE OFF EL COOOS							i
CITY-ST-ZIP	STD	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
	MAZZA, CARMINO		1	2.2 NAME			-	·
NAME	4400 BOUGANVILLA DR		2.3 STREET		ADDDESS			
STREET ADDRESS	LAUDEDDALE BY THE OFA EL COCCO			2.4 CITY-ST-ZIP				ļ
CITY-ST-ZIP TITLE				3.1 TITLE			Change	Addition
NAME			3.2 NAME				-	
			•		ADDRESS			
STREET ADDRESS	ADDITE GO			3.3 STREET ADDRESS 3.4. CITY- ST-ZIP		,		
CITY-ST-ZIP			_	4.1 TITLE			Change	☐ Addition
NAME	I	<u> </u>	4 2 NA					
					ADDRESS			
STREET ADDRESS			4.3 S11		i			
CITY-ST-ZIP		☐ DELETE	5.1 TIT	-			☐ Change	Addition

CITY-ST-ZIP 14. Theret y certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0: (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 naturable is in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6 3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Addition

Change

CR2E034 (11/98)