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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000106643 (4)

CITY NEWS II, INC.

Principal	Place of Business
	MILITARY TR

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



14590 8 MILIT DELRAY BEAC		14530 S MILITARY TR DELRAY BEACH FL 3348:	3			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 12/18/1997	
2. Principal Place of Business 2a. Mailing Address 21					4. FEI Number 080 1506 Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	
City & State	City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25		Country 30			8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
	F re y D. Kastner, P.A.		٦	11	Name		
10400 GRIFFIN RD, STE 203-A COOPER CITY FL 33328			ε	12	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
			ļ.,	13			
			8	14	City	FL 85 Zip Code	
11. Pursuent 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, typed or printed name of registered agent	and title if applicable (NOTE	Registered /	\gen	t signature re	equired when reinsteing) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	1.1 TO U	Ε		L Change Addition	
NAME	MAZZA, JOSEPH		1.2 NAM		-		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483 PD	DELETE		1.4 CITY - ST - ZIP		Change Addition	
TITLE NAME	17	F- DECEIL	2.1 TITLE 2.2 NAME			C change C Author	
STREET ADDRESS					DODECC		
CITY-ST-ZIP	DELRAY BEACH FL 33483		2.3 STREET				
TITLE	DECIVIT DENOTITE COTO	DELETE		2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAM	3.2 NAME			
STREET ADDRESS			3.3 STREET AD		ADDRESS		
CITY-ST-ZIP			3.4. CfT		r - 71P		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAM	Æ			
STREET ADDRESS			4.3 STRE	E1 A	ADDRESS		
CITY-ST-ZIP			4.4 CITY		- 7IP		
TITLE		☐ DELETE	5 1 TITL		- 1	Change Addition	
NAME			5.2 NAM				
STREET ADDRESS			1		ODRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY 6.1 TITL		- ZIP	☐ Change ☐ Addition	
NAME		☐ DETERE	6.2 NAM			Change Addition	
· · · · · · · · · · · · · · · · · · ·					nnocce		
STREET ADDRESS			6.4 CITY		ADDRESS		
14. I hereby co	ertify that the information supplied will	n this filing does not qualify fo	r the exen	noti	on 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.							

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