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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000080979**1. Corporation Name

FREE PRESS, INCORPORATED

| | e of Business | Mailing Address | | | | |
|---|--|--|--|--|---|-------------------------------------|
| 528 CLEMATIS, | STREET, 2ND | 528 CLEMATIS STREET 2ND | | | | |
| WEST PALM BE | EACH FL 33401 | WEST PALM BEACH FL 3340 | 1 | DO NOT WRITE IN | I THIS SDACE | |
| 2. , | | | | 3. Date Incorporated or Qualifed | THIS SPACE | |
| • | • | | | 09/15/1998 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number | App | lied For |
| 21 | | 26 P.O. Box 6 | <u> </u> | 65-0864533 | Not | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 A | |
| | | 27 | | <u> </u> | Fee Red | |
| City & State | te e | City & State | Danie G | 6. Election Campaign Financing | \$5.00 h | • |
| 23 | | 20 00 07 1 11 | Beacu, FL | Trust Fund Contribution | Added to | rees |
| Zip | Country | Zip 24 0 7 | Country | 8. This corporation owes the current y | | ĭNo |
| 24 | 25 | 29 3340 - 3 | o USA | Personal Property Tax. 10. Name and Address of New Regis | | <u>reino</u> |
| | 9. Name and Address of Curre | ent Registered Agent | 81 Name | 10. Name and Address of New Regis | stered Agent | |
| SHE | PHERD, RICHARD C | | [] Name | | | |
| 528 CLEMATIS STREET 2ND | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| | T PALM BEACH FL 33401 | | 83 | | | |
| 3 25 1277 | 1.20.00 | | ** | | | |
| | | | 84 City | | FL 85 Zip C | ode (|
| 44 | to the continue of Continue CO7 OF | 502 and 607 1509 Elorida Statutes | the above-named col | rporation submits this statement for the purp | | egistered |
| 11. Pursuant | registered agent or both in the Stati | e of Florida. Such change was auti | horized by the corpora | ition's hoard of directors. I hereby accept the | appointment as reg | istered |
| office or r | | | | | | |
| office or r | im familiar with, and accept the oblig | gations of, Section 607.0505, Florid | la Statutes. | e.t-l | مماء | |
| office or r | im familiar with, and accept the oblig | gations of, Section 607.0505, Florid | la Statutes. | 4 | 15 49 | |
| office or n agent. I a SIGNATURE | m familiar with, and accept the oblig | gations of, Section 607.0505, Florid gent and title if applicable. (NOTE: Re | a Statutes. egistered Agent signature requi | ired when reinstating) | 15/49 DATE | |
| office or n agent. I a SIGNATURE | or familiar with, and accept the oblig Signature, typed or printed name of registered ac OFFICERS A | gations of, Section 607.0505, Florid | egistered Agent signature requi | ired when reinstating) ADDITIONS/CHANGES TO OFFICE | 15/49 DATE | |
| office or r agent. I a SIGNATURE 12. | Signature, typed or printed name of registered at OFFICERS A | partions of, Section 607.0505, Florid pent and title if applicable. (NOTE: R | egistered Agent signature requi | ired when reinstating) | 15 49 DATE RS AND DIRECTOR | RS IN 12 |
| office or ragent. I a SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered as OFFICERS A KORETSKY, MICHAEL | partions of, Section 607.0505, Florid pent and title if applicable. (NOTE: R | egistered Agent signature required 13. 1.1 TITLE 1.2 NAME | ired when reinstating) ADDITIONS/CHANGES TO OFFICE | 15 49 DATE RS AND DIRECTOR | RS IN 12 |
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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

6.3 STREET ADDRESS



NAME

STREET ADDRESS CITY-ST-ZIP

