

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 # **S66322**

1. Corporation Name

SUNSHINE SENTINEL PRESS, INC.

Principal Place of Business

Mailing Address

~~300 27TH STREET~~
~~WEST PALM BEACH FL 33407~~

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~~WEST PALM BEACH FL 33407~~

US **SUNSHINE SENTINEL PRESS**
1695 FLORIDA MANGO ROAD
SUITE 5
WEST PALM BEACH, FL 33406

US **SUNSHINE SENTINEL PRESS**
1695 FLORIDA MANGO ROAD
SUITE 5
WEST PALM BEACH, FL 33406

2. Principal Place of Business
SUITE 5
WEST PALM BEACH, FL 33406

2a. Mailing Address
SUITE 5
WEST PALM BEACH, FL 33406

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 **SUNSHINE SENTINEL PRESS**
1695 FLORIDA MANGO ROAD
SUITE 5
WEST PALM BEACH, FL 33406

27 **SUNSHINE SENTINEL PRESS**
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23 **SUNSHINE SENTINEL PRESS**
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28 **SUNSHINE SENTINEL PRESS**
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29 **SUNSHINE SENTINEL PRESS**
1695 FLORIDA MANGO ROAD
SUITE 5
WEST PALM BEACH, FL 33406

9. Name and Address of Current Registered Agent

RICHARDSON, KEVIN F.
1551 FORUM PLACE
SUITE 300-C
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1991

FBI Number

65-0291137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant 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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**

NAME **ROBERTS, HYMAN J.**

STREET ADDRESS **6708 PAMELA LANE**

CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Hyman J. Roberts **HYMAN J. ROBERTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/99 (561) 588-7628

Daytime Phone #

CR2E034 (11/98)

032/4312