


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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V01817** (8)

1. Corporation Name
MILL POND PRESS, INC.

Principal Place of Business
**310 CENTER CT.
VENICE FL 34292**

Mailing Address
**310 CENTER CT.
VENICE FL 34292-3505**



3. Date Incorporated or Qualified **12/31/1991** 3a. Date of Last Report **04/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

13-2597160

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIEBERMAN, ERIK R.
227 NOKOMIS AVE. SO.
VENICE FL 34285**

81 Name

Simms, Laurie L

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

160 Island Circle

83

84 City

Sarasota

FL

85 Zip Code
34242

11. Pursuant to the provisions of Sections 607.0505 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.

Laurie L. Simms

(NOTE: Registered Agent signature required when reinstating)

4/30/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **LEWIN, KATHERINE E.**
STREET ADDRESS **550 W FLAMINGO DR**
CITY - ST - ZIP **VENICE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **LEWIN, ROBERT L.**
STREET ADDRESS **550 FLAMINGO DR, #302**
CITY - ST - ZIP **VENICE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **SIMMS, LAURIE L**
CITY - ST - ZIP **160 ISLAND CIRCLE**
SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **V.P. - Controller**
4.3 STREET ADDRESS **Misiewicz, Ted**
4.4 CITY - ST - ZIP **1100 Debrecen Rd.**
Sarasota, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

Laurie L. Simms

4/30/97

(941) 497-6020

CR2E034 (9/96)