FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V21984** **(2)**

1. Corporation Name

ST. LUCIE PRESS CORPORATION

Principal Place of Business

100 EAST LINTON BLVD.
SUITE 403-B
DELRAY BEACH FL 33483
US

Mailing Address

100 EAST LINTON BLVD.
SUITE 403-B
DELRAY BEACH FL 33483
US

3. Date Incorporated or Qualified: 03/16/1992

3a. Date of Last Report: 06/15/1995

4. FEI Number: 65-0326605 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CARMAN, DEBORAH A.
165 E PALMETTO PARK RD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Dennis S. Buda
82 Street Address (P.O. Box Number is Not Acceptable): 100 East Linton Blvd.,
83 Suite 403-B
84 City: Delray Beach, FL 85 Zip Code: 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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] 4/2/96
Signature of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BUDA, DENNIS S.	
STREET ADDRESS	100 EAST LINTON BLVD. SUITE 403-B	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VP	☐ DELETE
NAME	BUDA, MARY BETH	
STREET ADDRESS	100 EAST LINTON BLVD. STE. 403-B	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VP	☐ DELETE
NAME	Dennis McClellan	
STREET ADDRESS	100 East Linton Blvd Ste 403-B	
CITY-ST-ZIP	Delray Beach, FL 33483	
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

1.1 TITLE		☐ Change ☐ Addition
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	VP	☐ Change ☒ Addition
3.2 NAME	Dennis McClellan (McClellan)	
3.3 STREET ADDRESS	100 East Linton Blvd. Ste 403-B	
3.4 CITY-ST-ZIP	Delray Beach, FL 33483	
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	600001858506	
5.3 STREET ADDRESS	-06/11/96--01140--001	
5.4 CITY-ST-ZIP	***208.75	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96

14. I do hereby certify that the information supplied on this foreign qualifying form does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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.

SIGNATURE: President 954-990-6

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)