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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V72764

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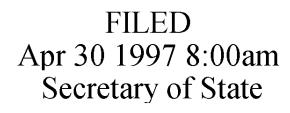
SOLARES HILL NEWSPAPER, INC.

64 (

Principal Place of Business

Mailing Address

330B JULIA ST. KEY WEST FL 33040 330B JULIA ST.





KEY WEST FL 33040		KEY WEST FL 33040-7512					
					3. Date Incorporated or Qualified 10/19/1992	3a. Date of L 04/26/19	•
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	<u> </u>	26					Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zφ	Cou	nlry	8. This corporation has liability for i		
24	25	29	30		Florida Statutes	Yes No	•
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
	RIDGE, DAVID			81 Name			
	6, BOX 438			82 Street A	Address (P.O. Box Number is Not Acceptab	le)	
SUN	AMERLAND KEY FL 33042			83			
				03			
				84 City		FL 85	Zip Code
agent. I a	m familiar with, and accept the obligit David Ethridge Signature typed or printed name of negational and	1 14.77 17 A			corporation submits this statement for the p oration's board of directors. I hereby accept required when reinstating)	—4 - 24-97	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12
TITLE	P	☐ OELFTE	1.1 11	LF		Cha	ange Addition
NAME	ETHRIDGE, DAVID		1.2 NA	.ME			
STREET ADDRESS	RT 6 BOX 438		1.3 ST	REE1 ADDRESS			
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	*****		IY-ST-ZIP			
TITLE	D VP	☐ DELETE	2.1 1 1			L Cha	ange L Addition
NAME OTREET APPRESS	TAYLOR, FRANK E. 1201 WHITEHEAD STREET		2.2 NA				
STREET ADDRESS CITY-ST-ZIP	KEY WEST FL			REF1 ADDRESS			
TITLE	V	XX DELETE	3.1 11	TY - ST - ZIP	O	Cha	ange Addition
NAME	FRENCH, RICHARD	XX	3.2 NA		Secer ^T rèsasco		
STREET ADDRESS	630 DEY ST.	ņ	3.3 ST	REE1 ADDRESS	P 0 Box 1075 24800 0	verseas H	iwav
CITY-ST-ZIP	KEY WEST FL 33040		3.4 C	TY+\$1-7IP	Summerland Key, F1 3	3042	
TITLE		☐ DELETE	4.1 1(1	ιŧ	•	☐ Cha	inge 🔲 Addition
NAME			4. 2 N				
STREET ADDRESS				REE1 ADDRESS			
CITY-ST-ZIP TITLE		DELETÉ	4.4 CI 5.1 TII	IY-S1-ZIP		Cha	ange Addition
NAME		Ottile	5.1 III 5.2 NA	}		() (.II)	ange LI Addition
STREET ADDRESS				REET ADDRESS			
CITY-ST-2IP				Y·ST-ZIP			
TITLE		DELETE	6.1 10			☐ Cha	ange Addition
NAME			6.2 NA	ME			_
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-ST-ZIP			6.4 CF	Y-\$1-7IP			

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 logal 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.