


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 11 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765353 (8)
 1. Corporation Name
FLORIDA PRESS CLUB, INC.



Principal Place of Business PALM BEACH POST 2751 SO DIXIE HWY W PALM BCH FL 33405 US	Mailing Address 2751 S DIXIE WEST PALM BEACH FL 33405 US
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3. Date Incorporated or Qualified 10/08/1982	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number NOT APPLICABLE	Not Applicable

21. Principal Place of Business	2a. Mailing Address
22. Sulte, Apt. #, etc.	26. Sulte, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KEEFER, CHARLES
2751 S DIXIE
2751 SO DIXIE HWY
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P KIMMEL, EARLE	1.2 NAME	EARLE KIMMEL
STREET ADDRESS	1624 MEADOW CREST BLVD	1.3 STREET	2121 SW 19th Ave. Rd
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-STATE	OCALA, FL 34478
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CAUCH, LORI	2.2 NAME	DIRECTOR
STREET ADDRESS	802 UPLAND RD	2.3 STREET ADDRESS	LAURA KAUFFMANN
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	2121 SW 19th Ave. Rd. 78
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T KEEFER, CHARLES	3.2 NAME	OCALA, FL 34478
STREET ADDRESS	2751 S DIXIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KIRCHER, RALF E	4.2 NAME	
STREET ADDRESS	1076 CENTRAL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100002639091
STREET ADDRESS		6.3 STREET ADDRESS	-09/14/98--01146--007
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

100002639091
 -09/14/98--01146--007
 ***61.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles M. Keefe Date: July 21, 1998 Daytime Phone #: 561-820-4405

CR2E037 (5/98)