


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 012575 (7)
 1. Corporation Name
COLLIER COUNTY PUBLISHING COMPANY



Principal Place of Business 312 WALNUT ST. 28TH FL P.O. BOX 5380 CINCINNATI OH 45201 US	Mailing Address 312 WALNUT ST. 28TH FLOOR P.O. BOX 5380 CINCINNATI OH 45201 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/06/1923	
4. FEI Number 59-0578327		Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V CASTELLINI, DANIEL J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7057 WOODSEGE DR.	1.2 NAME	
STREET ADDRESS	CINCINNATI OH	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P WYANT, CORBIN A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	320 BOWLINE DR	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BURLEIGH, WILLIAM R.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5925 ROPES DR	3.2 NAME	
STREET ADDRESS	CINCINNATI OH	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S KUPFIONIS, M. DENISE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	214 REDBUD CT	4.2 NAME	
STREET ADDRESS	LOVELAND OH	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T WOLFZORN, E. JOHN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2255 HEATHER HILL BLVD.	5.2 NAME	
STREET ADDRESS	CINCINNATI OH	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SCRIPPS, CHARLES E.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10 GRANDIN LANE	6.2 NAME	
STREET ADDRESS	CINCINNATI OH	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *D. Castellini*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98
 Date

Division Phone # 0600476

CR2E034 (10/97)