

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

FILED
Apr 17 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 # 649221 (9)
1. Corporation Name
TREND MAGAZINES, INC.



Principal Place of Business 490 1ST AVE. S. 8TH FLOOR ST. PETERSBURG FL 33701 US	Mailing Address P.O. BOX 611 ST. PETERSBURG FL 33731-0611 US
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3. Date Incorporated or Qualified 12/20/1979	3a. Date of Last Report 03/26/1996
4. FEI Number 59-1057320	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

9. Name and Address of Current Registered Agent
KARL, CATHERINE
490 FIRST AVENUE SOUTH
ST. PETERSBURG FL 33701

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BARNES, ANDREW	
STREET ADDRESS	490 1ST AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORTY, ANDREW	
STREET ADDRESS	490 1ST AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TASH, PAUL	
STREET ADDRESS	490 1ST AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEEVER, LYNDA	
STREET ADDRESS	490 1ST AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERRY, JOHN	
STREET ADDRESS	490 1ST AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KARL, CATHERINE	
STREET ADDRESS	490 1ST AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hooker, Robert	
1.3 STREET ADDRESS	490 1st Ave South	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Moore, Lynn J.	
2.3 STREET ADDRESS	490 1st Ave South	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Peppard, Jane B.	
3.3 STREET ADDRESS	490 1st Ave South	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Roales, Judith	
4.3 STREET ADDRESS	490 1st Ave South	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: Lynnda Keever LYNDA Keever 4/8/97 (813) 821-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)