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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90015 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 649221

1. Corporation Name
TREND MAGAZINES, INC.



DO NOT WRITE IN THIS SPACE

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
 US**

3. Date Incorporated or Qualified
12/20/1979

4. FEI Number
59-1057320

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 owes the current year Intangible Personal Property Tax. Yes No

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROALES, JUDITH
 490 FIRST AVENUE SOUTH
 ST. PETERSBURG FL 33701**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, LYNDIA	
STREET ADDRESS	490 1ST AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, MARK	
STREET ADDRESS	490 1ST AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBUR FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KARL, CATHERINE	
STREET ADDRESS	490 1ST AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moore, Lynn	
1.3 STREET ADDRESS	490 1st Ave South	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Roales, Judith	
2.3 STREET ADDRESS	490 1st Ave South	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Swasy, Alecia	
3.3 STREET ADDRESS	490 1st Ave South	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Lynda Keever* Lynda Keever 2/25/99 (727)821-5800

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

CR2E034 (1/98)