

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 08/06/1923
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0578327
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
85 Zip Code: FL

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	V	<input type="checkbox"/> DELETE
NAME	CASTELLINI, DANIEL J.	
STREET ADDRESS	7057 WOODSEGE DR.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WYANT, CORBIN A.	
STREET ADDRESS	320 BOWLINE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	BURLEIGH, WILLIAM R.	
STREET ADDRESS	5925 ROPES DR	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUPRIONIS, M. DENISE	
STREET ADDRESS	214 REDBUD CT	
CITY-ST-ZIP	LOVELAND OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WOLZORN, E. JOHN	
STREET ADDRESS	2255 HEATHER HILL BLVD.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCRIPPS, CHARLES E.	
STREET ADDRESS	10 GRANDIN LANE	
CITY-ST-ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Daniel J. Castellini*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (513) 977-3000
Date Daytime Phone #

CR2E034 (12/95)