


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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 237056 (7) 1. Corporation Name LAKE PLACID PUBLISHING CO					
Principal Place of Business 232 N. MAIN ST. LAKE PLACID FL 33852			Mailing Address 232 N. MAIN ST. LAKE PLACID FL 33852-0624		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/31/1960 3a. Date of Last Report 05/01/1996 4. FEI Number 59-1001732 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 type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DELANEY, LEMONTE 232 NORTH MAIN STREET LAKE PLACID FL 33852				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 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		
1.1 TITLE D <input type="checkbox"/> DELETE 1.2 NAME DELANEY, LAMONTE 1.3 STREET ADDRESS 232 N MAIN ST 1.4 CITY-ST-ZIP LAKE PLACID, FL 00000			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 PVD <input type="checkbox"/> DELETE 2.2 NAME DELANEY, CONSTANCE M 2.3 STREET ADDRESS 232 N MAIN ST 2.4 CITY-ST-ZIP LAKE PLACID, FL 00000			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 D <input type="checkbox"/> DELETE 3.2 NAME DELANEY, ROBERT MATHEW 3.3 STREET ADDRESS 232 N. MAIN ST. 3.4 CITY-ST-ZIP LAKE PLACID, FL 00000			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 D <input type="checkbox"/> DELETE 4.2 NAME DELANEY, MARK LEON 4.3 STREET ADDRESS 232 N. MAIN ST. 4.4 CITY-ST-ZIP LAKE PLACID FL			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 STD <input type="checkbox"/> DELETE 5.2 NAME EBERSOLE, KAYE DELANEY 5.3 STREET ADDRESS 232 N. MAIN ST. 5.4 CITY-ST-ZIP LAKE PLACID FL			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 D <input type="checkbox"/> DELETE 6.2 NAME STAIK, MARY M. DELANEY 6.3 STREET ADDRESS 232 N. MAIN ST. 6.4 CITY-ST-ZIP LAKE PLACID FL			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)