

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

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Apr 29 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 # **369714** (1)

1. Corporation Name
ORLANDO REPORTERS, INC.

Principal Place of Business 1043 E. HILLCREST ST. P.O. BOX 533451 ORLANDO FL 32853-0451	Mailing Address 1043 E. HILLCREST ST. P.O. BOX 533451 ORLANDO FL 32853-0451
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3. Date Incorporated or Qualified 09/14/1970	3a. Date of Last Report 03/29/1996
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2. Principal Place of Business 21 200 E. Robinson St. Suite 830 Orlando, Florida Zip 32801 Country U.S.A.	2a. Mailing Address 26 P.O. Box 533451 Orlando, Fl. Zip 32853-0451 Country U.S.A.
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4. FEI Number 59-1301089	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WOLFE, GERALDINE LENOX
1043 E. HILLCREST ST.
ORLANDO FL 32803**

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

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	PD <input type="checkbox"/> DELETE
NAME	WOLFE, GERALDINE LENOX
STREET ADDRESS	1043 E. HILLCREST ST. 200 E. Robinson St. Suite 830
CITY - ST - ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> DELETE
NAME	GANDIN, LELAND
STREET ADDRESS	1043 E. HILLCREST ST.
CITY - ST - ZIP	ORLANDO FL
TITLE	V. President <input type="checkbox"/> DELETE
NAME	John R. Wolfe
STREET ADDRESS	200 E. Robinson St. Ste. 830
CITY - ST - ZIP	Orl. Fl. 32801
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John R. Wolfe
1.3 STREET ADDRESS	200 E. Robinson St. Ste. 830
1.4 CITY - ST - ZIP	Orl. Fl. 32801
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 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: *Geraldine Lenox Wolfe* April 22, 1997 (402) 200-0496

CR2E034 (9/96)