

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

FILED
Apr 30 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 # **385725** (7)
1. Corporation Name
OCALA STAR BANNER CORPORATION



Principal Place of Business
**2121 S.W. 19TH AVE. RD.
P. O. BOX 490
OCALA FL 34478
US**

Mailing Address
**C/O LEGAL DEPT
229 W 43RD ST
NEW YORK NY 10036-3913
US**

3. Date Incorporated or Qualified 07/20/1974	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1381000	Applied For <input type="checkbox"/> 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	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET
83. City
84. State 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, JAMES C.	1.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30328	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIED, THOMAS	2.2 NAME	DIANE P. BAKER
STREET ADDRESS	229 W 43RD ST	2.3 STREET ADDRESS	229 W 43rd ST
CITY - ST - ZIP	NEW YORK NY 10036	2.4 CITY - ST - ZIP	NEW YORK NY 10036
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORHAM, DAVID L.	3.2 NAME	JOHN M. O'BRIEN
STREET ADDRESS	229 W. 43RD ST.	3.3 STREET ADDRESS	229 W 43rd ST
CITY - ST - ZIP	NEW YORK NY 10038	3.4 CITY - ST - ZIP	NEW YORK, NY 10036
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARROW, KATHARINE P	4.2 NAME	
STREET ADDRESS	229 WEST 43RD STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10038	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, CHARLES J.	5.2 NAME	
STREET ADDRESS	2121 S.W. 19TH AVE. RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL 34478	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORWIN, LAURA J.	6.2 NAME	
STREET ADDRESS	229 W 43RD ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10036	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: RONDA L. BRAVER Date: 212-556 7127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006263

CR2E034 (9/96)

Ocala Star Banner Corporation

Additional Officer:

Assistant Secretary
Rhonda L. Brauer
229 W. 43rd Street
New York, NY 10036