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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
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3. Date Incorporated or Qualified 07/20/1977 7/21/71	3a. Date of Last Report 05/01/1996
4. FEL 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	26
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

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)	83	84 City	85 Zip Code
	1201 HAYS STREET		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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEEKS, JAMES C.	
STREET ADDRESS	3414 PEACHTREE RD	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NIED, THOMAS	
STREET ADDRESS	229 W 43RD ST	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GORHAM, DAVID L.	
STREET ADDRESS	229 W. 43RD ST.	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARROW, KATHARINE P	
STREET ADDRESS	229 WEST 43RD STREET	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STOUT, CHARLES J.	
STREET ADDRESS	2121 S.W. 19TH AVE. RD.	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORWIN, LAURA J.	
STREET ADDRESS	229 W 43RD ST	
CITY-ST-ZIP	NEW YORK NY 10036	

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 checked="" type="checkbox"/> Addition
2.2 NAME	T DIANE P. BAKER
2.3 STREET ADDRESS	229 W 43rd ST
2.4 CITY-ST-ZIP	NEW YORK NY 10036
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V JOHN M. O'BRIEN
3.3 STREET ADDRESS	229 W 43rd ST
3.4 CITY-ST-ZIP	NEW YORK, NY 10036
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: *Rhonda L. Braver* DATE: 212-556 7127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Ocala Star Banner Corporation

Additional Officer:

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