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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR -6 AM 9:16

DOCUMENT # 385725 (7)

1. Corporation Name

OCALA STAR BANNER CORPORATION

Principal Place of Business	Mailing Address
2121 .W. 19TH AVE. RD.	c/o LEGAL DEPT.
BOX 490	229 W. 43D STREET
OCALA, FL 34478	NEW YORK, NY 10036
USA	USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1971
4. FEI Number 59-1381000 [ ] Applied For [ ] Not Applicable
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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address 26 — Suite, Apt. #, etc 27 — City & State 28 — Zip 29 — Country 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 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

TITLE	PD	[ ] DELETE
NAME	WEEKS, JAMES C.	
STREET ADDRESS	3414 PEACHTREE RD N.E.	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	SD	[ ] DELETE
NAME	CORWIN, LAURA J.	
STREET ADDRESS	229 W. 43RD ST.	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	T	[ ] DELETE
NAME	ELLEN TAUS	
STREET ADDRESS	229 WEST 43RD STREET	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	V	[ ] DELETE
NAME	O'BRIEN, JOHN	
STREET ADDRESS	229 W. 43RD ST.	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	DV	[ ] DELETE
NAME	STOUT, CHARLES	
STREET ADDRESS	2121 S.W. 19TH AVE. RD.	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	V	[ ] DELETE
NAME	STOLLER, STUART	
STREET ADDRESS	229 W. 43RD STREET	
CITY-ST-ZIP	NEW YORK, NY 10036	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	AS	[ ] Change [X] Addition
1 NAME	Brewer, Rhonda	
1 STREET ADDRESS	229 W. 43rd St.	
1 CITY-ST-ZIP	New York, NY 10036	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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14. I 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, with all other like empowered.

SIGNATURE: [signature] 3/19/99 212-556-7127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #