FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 23 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **434262** **(2)**

1. Corporation Name
JIMMY SALTER'S NEWSSTAND, INC

Principal Place of Business
170 MIRACLE STRIP PARKWAY SE.
FT. WALTON BCH. FL 32548

Mailing Address
170 MIRACLE STRIP PARKWAY SE.
FT. WALTON BCH. FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1973
3a. Date of Last Report: 09/14/1994
4. FEI Number: 59-1488028 — 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 has liability for intangible tax under S. 199.032 Florida Statutes. [ ] 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

SALTER, JAMES W
211 MCARTHUR AVE NW
FT. WALTON BEACH FL

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SALTER, JAMES W
STREET ADDRESS	211 MCARTHUR AVE
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	D
NAME	TRINGAS, JOHN J
STREET ADDRESS	551 POCAHONTAS AVE
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	T
NAME	SALTER, MONA
STREET ADDRESS	211 MCARTHUR AVE
CITY-ST-ZIP	FT WALTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition (blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Mona Salter MONA SALTER — 2/15/95 — 904-243-8713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0300032 CP