

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 725805 (6)  
 1. Corporation Name  
**FLORIDA ASSOCIATION OF INDEPENDENT NEWSPAPER DISTRIBUTORS, INC.**



Principal Place of Business Mailing Address  
~~% MIKE MASSA~~  
 401 NORTHWEST 149TH STREET MIAMI FL 33168  
~~% MIKE MASSA~~  
 401 NORTHWEST 149TH STREET MIAMI FL 33168

3. Date Incorporated or Qualified: 03/13/1973  
 3a. Date of Last Report: 01/25/1995  
 4. FEI Number: 65-0070076  
 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 2a. Mailing Address  
 21 90 SANDRA SMITH 26 90 SANDRA SMITH  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 411 SW 132 TERR 27 411 SW 132 TERR  
 City & State City & State  
 23 DAVIE FL 28 DAVIE FL  
 Zip Country Zip Country  
 24 33325 25 BROWARD 29 33325 30 BROWARD

9. Name and Address of Current Registered Agent  
~~SILVERIO, MARK V~~  
~~SUITE 2450~~  
~~44 WEST FLAGLER STREET~~  
~~MIAMI FL 33130~~

10. Name and Address of New Registered Agent  
 81 Name: SANDRA SMITH  
 82 Street Address (P.O. Box Number is Not Acceptable): 411 SW 132 TERR  
 83  
 84 City: DAVIE FL 85 Zip Code: 33325

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.

SIGNATURE: *Sandra Smith* DATE: 7/9/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TEMPLES, JOSEPH M	
STREET ADDRESS	20425 SW 152ND ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HART, EDWARD A	
STREET ADDRESS	742 SW FLAGAMI BLVD	
CITY - ST - ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MASSA, MIKE	
STREET ADDRESS	401 N.W. 149TH STREET	
CITY - ST - ZIP	MIAMI FL 33168	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HANHAM, Rbt	
1.3 STREET ADDRESS	6391 SW 188 AVE	
1.4 CITY - ST - ZIP	Ft. Lauderdale FL 33332	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EUGENE KENT CONNOR	
2.3 STREET ADDRESS	Ft 4901 SW 188 AVE	
2.4 CITY - ST - ZIP	FT LAUDERDALE FL 33332	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sandra Smith	
3.3 STREET ADDRESS	411 SW 132 TERR	
3.4 CITY - ST - ZIP	DAVIE FL 33325	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert W. Hanham* DATE: 7/9/96 (954) 680-1861  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)