

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759401 (3)

1. Corporation Name

FLORIDA NEWSPAPER ADVERTISING AND MARKETING EXEC
UTIVES, INC.

Principal Place of Business

Mailing Address

8759 BAYPOINTE DRIVE
C/O SANDY OSTEEN, EXEC DR.
TAMPA FL 336158759 BAYPOINTE DRIVE
C/O SANDY OSTEEN, EXEC DR.
TAMPA FL 33615-49053. Date Incorporated or Qualified
07/31/19813a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
59-2178356Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

OSTEEN, SANDRA
8759 BAYPOINTE DR.
TAMPA FL 33615

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 617.0502 and 617.1508, 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 617.0503, 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	<input checked="" type="checkbox"/> DELETE
NAME	KOHUT, ANDY	
STREET ADDRESS	408 SANDY HOOK RD	
CITY - ST - ZIP	TREASURE ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOWEN, DALE	
STREET ADDRESS	1624 MEADOWCREST BLVD	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, GREG	
STREET ADDRESS	1939 SOUTH FEDERAL HWY	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSTEEN, SANDY	
STREET ADDRESS	8759 BAYPOINTE DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JUNG, MIKE	
STREET ADDRESS	#1 GANNETT PLAZA	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEISS, JOE	
STREET ADDRESS	202 S. PARKER STREET	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Karen Gammond	
1.3 STREET ADDRESS	200 E. Venice Ave.	
1.4 CITY - ST - ZIP	Venice, FL 34285	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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	VD	<input checked="" 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone # 0048267

CR2E037 (9/96)