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Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F92038

(1)

1. Corporation Name
RALPH CURTIS PUBLISHING, INC.



Principal Place of Business

**459 LAGOON DRIVE
 PO BOX 183
 SANIBEL FL 33957**

Mailing Address

**459 LAGOON DRIVE
 PO BOX 183
 SANIBEL FL 33957-0183**

3. Date Incorporated or Qualified
07/22/1982

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 **16956 McGregor Blvd**

2a. Mailing Address

26 **P. O. Box 349**

4. FEI Number
59-2238480

Applied For
 Not Applicable

Suite, Apt. #, etc.

22 **# 6**

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **FORT MYERS FL**

City & State

28 **SANIBEL FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 **33908**

Country

25 **Lee**

Zip

29 **33957-0349**

Country

30 **Lee**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CURTIS, RALPH
 459 LAGOON DR
 SANIBEL FL 33957**

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
 NAME **CURTIS, RALPH**
 STREET ADDRESS **459 LAGOON DR**
 CITY- ST- ZIP **SANIBEL FL**

TITLE **STD** DELETE
 NAME **CURTIS, BILLYE J**
 STREET ADDRESS **459 LAGOON DR**
 CITY- ST- ZIP **SANIBEL FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY- ST- ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY- ST- ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY- ST- ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY- ST- ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY- ST- ZIP

6.1 TITLE Change 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: *Billye J. Curtis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BILLYE J. CURTIS

01/10/97 941/454-0018
 DATE DAY/PHONE #

CR2E034 (9/96)