

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

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006249 (4)**

1. Corporation Name

BOOTH COMMUNICATIONS OF FLORIDA, INC.



Principal Place of Business 333 W. FORT ST., STE 1230 DETROIT MI 48226	Mailing Address 333 W. FORT ST., STE 1230 DETROIT MI 48226-3141
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH II, RALPH H	1.2 NAME	
STREET ADDRESS	333 W. FORT ST., STE 1230	1.3 STREET ADDRESS	
CITY- ST- ZIP	DETROIT MI	1.4 CITY- ST- ZIP	
TITLE	PSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH II, JOHN L	2.2 NAME	
STREET ADDRESS	333 W. FORT ST., STE 1230	2.3 STREET ADDRESS	
CITY- ST- ZIP	DETROIT MI	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, LOUISE C	3.2 NAME	
STREET ADDRESS	333 W. FORT ST., STE 1230	3.3 STREET ADDRESS	
CITY- ST- ZIP	DETROIT MI	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLEY, RICHARD	4.2 NAME	
STREET ADDRESS	333 W. FORT ST., STE 1230	4.3 STREET ADDRESS	
CITY- ST- ZIP	DETROIT MI	4.4 CITY- ST- ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTERLE, LAURA A	5.2 NAME	
STREET ADDRESS	333 W. FORT ST., STE 1230	5.3 STREET ADDRESS	
CITY- ST- ZIP	DETROIT MI	5.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEFFERLY, PAUL G	6.2 NAME	
STREET ADDRESS	333 W. FORT ST., STE 1230	6.3 STREET ADDRESS	
CITY- ST- ZIP	DETROIT MI	6.4 CITY- ST- ZIP	

RW
4/11/97

**VT
PETTERLE, LAURA A
333 W. FORT ST., STE 1230
DETROIT, MI**

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-04/14/97--01004--032
***165.00**

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: Laura A Petterle 4/4/97 (313) 202-3370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011129

CR2E034 (9/96)