

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H06798 (3)

1. Corporation Name
FLYER PUBLISHING OF TAMPA, INC.



Principal Place of Business

201 KELSEY LANE
P.O. BOX 5059
TAMPA FL 33675-2059

Mailing Address

201 KELSEY LANE
P.O. BOX 5059
TAMPA FL 33675-2059

33675-5059

2. Principal Place of Business
21 201 KELSEY LANE

22 Suite, Apt. #, etc.
P.O. Box 5059

23 City & State
TAMPA, FL

24 Zip
33675-5059

2a. Mailing Address

26 201 KELSEY LANE

27 Suite, Apt. #, etc.
P.O. Box 5059

28 City & State
TAMPA, FL

29 Zip
33675-5059

3. Date Incorporated or Qualified
06/06/1984

3a. Date of Last Report
04/28/1995

4. FEI Number
59-2410913

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

9. Name and Address of Current Registered Agent

LEGAL ASSETS
1401 BRICKELL AVENUE
PENTHOUSE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name LEGAL ASSETS
82 Street Address (P.O. Box Number is Not Acceptable)
1401 BRICKELL AVE.
83 SUITE 700
84 City MIAMI FL 85 Zip Code 33131

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 is 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 607.0501, Florida Statutes.

SIGNATURE LEGAL ASSETS, INC. By: Walter Stanton III, Secretary
4/17/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PS	MANDT, RICHARD D.	116 ADALIA AVE.	TAMPA FL	<input type="checkbox"/>
DAS	MANDT, JUDITH M.	116 ADALIA AVE.	TAMPA FL	<input type="checkbox"/>
D	MANDT, JOSEPH	519 N GADSDEN ST	TALLAHASSEE FL	<input type="checkbox"/>
DAS	MANDT, A.J.M.	116 ADALIA AVE.	TAMPA FL	<input type="checkbox"/>
V	KENDALL, JAMES L. SR.	504 CENTERBROOK DR	BRANDON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard D. Mandt April 15, 1996 813-626-9430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)