

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **H70371** (0)

95 MAR -9 AM 8:31

1. Corporation Name
AMERICAN CITIES BUSINESS JOURNALS, INC.

Principal Place of Business Mailing Address
**C/O C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION FL 33324-2630**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/06/1985** 3a. Date of Last Report **03/30/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1200 Riverplace Blvd.** 26 **1200 Riverplace Blvd.**

4. FEI Number **59-2568574** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 201** 27 **Suite 201**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **Jacksonville, FL** 28 **Jacksonville, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **32207** 25 **USA** 29 **32207** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAKER, ED
STREET ADDRESS	1801 PEACHTREE ST #150
CITY-ST-ZIP	ATLANTA, GGA
TITLE	V
NAME	SHAW, RAY
STREET ADDRESS	128 S TYRON ST STE 2300
CITY-ST-ZIP	CHARLOTTE NC
TITLE	V
NAME	DEPERRO, DON
STREET ADDRESS	1200 GULF LIFE DR #501
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AS
NAME	WARRENBURG, SUSAN
STREET ADDRESS	1200 GULF LIFE DR #501
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AS
NAME	ACREE, VALERIE
STREET ADDRESS	1801 PEACHTREE ST #150
CITY-ST-ZIP	ATLANTA GA
TITLE	AS
NAME	KOCH, RICHARD
STREET ADDRESS	128 S TYRON ST STE 2300
CITY-ST-ZIP	CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	<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)(b), 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 J. Koch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard J. Koch

3/2/95 704/375-7404

Date

Daytime Phone #