

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J22293 (1)**

1. Corporation Name  
**USA TODAY REALTY, INC.**



Principal Place of Business Mailing Address  
**6400 N ANDREWS AVE  
PARK PLAZA STE 200  
FT. LAUDERDALE FL 33309  
US** **6400 N ANDREWS AVE  
PARK PLAZA STE 200  
FT. LAUDERDALE FL 33309  
US**

3. Date Incorporated or Qualified **06/27/1986** 3a. Date of Last Report **06/14/1995**  
4. FEI Number **59-2695835** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**BOOTH, RICHARD C.  
1582 PROCTOR ST.  
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent  
81 Name **Muller, Ralph P.**  
82 Street Address (P.O. Box Number is Not Acceptable) **6400 N. Andrews Ave, Ste 200**  
83  
84 City **Ft. Lauderdale** FL 85 Zip Code **33309**

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 *Ralph P. Muller* **Ralph P. Muller** 8-6-96  
Signature of the principal place of business agent and the applicable (if not the Registered Agent signature required when not at sign) DATE

12. OFFICERS AND DIRECTORS

|                 |                                      |                                 |
|-----------------|--------------------------------------|---------------------------------|
| TITLE           | <b>PD</b>                            | <input type="checkbox"/> DELETE |
| NAME            | <b>MULLER, ALICE</b>                 |                                 |
| STREET ADDRESS  | <b>6400 N. ANDREWS AVE. STE. 200</b> |                                 |
| CITY - ST - ZIP | <b>FT. LAUDERDALE FL 33309</b>       |                                 |
| TITLE           | <b>S</b>                             | <input type="checkbox"/> DELETE |
| NAME            | <b>MULLER, RALPH P.</b>              |                                 |
| STREET ADDRESS  | <b>6400 N. ANDREWS AVE. STE. 200</b> |                                 |
| CITY - ST - ZIP | <b>FT. LAUDERDALE FL 33309</b>       |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 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 Sect on 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph P. Muller* **Ralph P. Muller** 8-6-96 954/351-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Filing

CR2E034 (3/96)