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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1	996	DIVISION OF	CORPORATIONS			
DOCUM 1. Corporation		33 (1)				
TRADE	r tribune, inc.			4 1841445 6 141 1850 64186 11186 111	a din Riân ândi Bhân Bibli Bhân Bibli 1800.	
Principal Place o	of Business	Mailing Address		1 ISBUTO ONL TORO SHOOT HIND	f fist arber Arfet Arati aifter astel Bifit ifft	
% JOYCE BE/ 10066 MERCE		% JOYCE BEARD 10366 MERCER LANE				
PENSACOLA I		PENSACOLA FL 32514		3. Date Incorporated or Qualified	3a. Date of Last Report	
				05/28/1987	01/26/1995	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For	
1		26		NOT APPLICABLE	Not Applicable	
່ Suite, Apt. # ລ່	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
3		28	· _* ···································	Trust Fund Contribution	Added to Fees	
21p 71	Country	Zip	Country 30	8. This corporation has liability for in Florida Statutes Yes	intangible tax under s. 199.032,	
4	25 9. Name and Address of Curre	29 ent Registered Agent	30	10. Name and Address of New R		
	22.000		81 Name			
BEARD, JOYCE 10366 MERCER LANE			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			<u></u>			
PENSAC	OLA FL 32514		83			
•			84 City		FL 85 Zip Code	
11 Pureupot to	the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s the above-named corno	oration submits this statement for the pur	mose of changing its registered office	
or registere	ed agent, or both, in the State of Flo n, and accept the obligations of, Se	arida. Such change was authorizi	ed by the cornoration's boa	ard of directors. I hereby accept the app	ointment as registered agent. I am	
6.60.157.155			•			
SIGNATURE _	Signature: typest or printest name of registered agr	ort and title if applicable (NO	TE Registered Agent signature require		DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change	
11'LF	DEADD SOVCE		1. 1 TITLE 1.2 NAME		C outlings C Modulou	
NAME STREET ADDRESS	BEARD, JOYCE 10366 MERCER LANE		1.3 STREET ADDRESS			
CITY - ST - ZIP	PENSACOLA FL		1.4 CITY - ST - ZIP			
TIT.F	PVS	☐ DELETE	2 1 TIT_F		Change Addition	
NAME	BEARD, JOYCE		2.2 NAME			
STREET ADDRESS	10366 MERCER LN.		2 3 STREET ADDRESS			
CITY ST ZIP	PENSACOLA FL		2.4 CITY-ST-ZiP		Change	
TITLE		DELETE	3 1 TITLE		Change Addition	
NAME entre Laborités			3.2 NAME 3.3 STHEET ADDRESS			
STREET ADDRESS			3.4 City - St - ZiP			
City St- Zifi Titte		DELETE	4 1 TIT ₂ E		Change Addition	
NAME .		—	4.2 NAME	ጀጠጠበው ነው	ನಿಧನನನ	
STREET ADDRESS			4.3 STREET ADDRESS	80000 17 : -03/12/96010	ッコ ∠ 3.5 010009	
CITY - S1 - ZIP			4.4 CITY - \$1 - ZIP	***200.00		
10°(E		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition	
NAME			5 2 NAME			
STREET ACCRESS			5 3 STREET ADDRESS			
CHY-\$1-7P TILE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		☐ Change ☐ Addition	
NAME		Find Detection	62 NAME		C	
STREET ADDRESS			63 STREET ADDRESS			
City \$1-74P			64 CITY - ST - ZIP			
	and that the information a real-	d with this fline is voluntarily furn		for the exemption stated in Section 119	07/3\/W Florida Statutes I further	

certify into the information indicated on this arinual report or supplemental amudal report is true and accurate and that ray signature shall have the same legal effect as it 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, econ an attachment with an address.

SIGNATURE:

JOYCE BEARD 2.16.96 904-476.7992