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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J75333

(1)

1. Corporation Name

TRADER TRIBUNE, INC.

Principal Place of Business

% JOYCE BEARD
10366 MERCER LANE
PENSACOLA FL 32514

Mailing Address

% JOYCE BEARD
10366 MERCER LANE
PENSACOLA FL 32514-1580

3. Date Incorporated or Qualified
05/28/1987

3a. Date of Last Report
03/11/1996

4. FEI Number

NOT APPLICABLE

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEARD, JOYCE
10366 MERCER LANE
PENSACOLA FL 32514

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 of type of person or registered agent and applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D
BEARD, JOYCE
10366 MERCER LANE
PENSACOLA FL

DELETE

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

PVS
BEARD, JOYCE
10366 MERCER LN.
PENSACOLA FL

DELETE

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 furnished 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 or changed, or on an attachment with an address.

SIGNATURE: Joyce Beard JOYCE BEARD

3-27-97

904-476-7992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)