## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M09342

(0)

**FILED** Jan 14 1997 8:00am Secretary of State

DAIAN	IET CURPURATION				<b>\</b>	
Principal Pla	ice of Business	Mailing Address			1 FOETIETII III DOINT FETER IIIII DIAID IID	/
10112 USA TODAY WAY 10112 USA TODAY WAY					1	
MIRAMAR FL 33025 MIRAMAR FL 33025-9903						
					3. Date Incorporated or Qualified	3a. Date of Last Report
					12/26/1984	02/15/1996
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2480970	Not Applicable	
Suite, Apt. #, etc		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & St	ale	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zιρ	Country	Zψ	Count	у	8. This corporation has liability for	r interpible tax under s. 199.032,
24	25	29	30			Yes No
LAMI	9. Name and Address of Currer	nt Hegistered Agent	8	1 Name	10. Name and Address of New R	legistered Agent
	LIAMSON, ROBERT 112 USA TODAY WAY		L			
	MAR FL 33025		6:	2 Street Add	ress (P.O. Box Number is Not Accepta	aple)
	PARTITE GOODS		8	3		20002
1				4 00		7-0-4-
			8	4 City		FL 85 Zip Code
11. Pursuar	of to the provisions of Sections 607.050	32 and 607.1508, Florida Statu	ites, the abo	ve-named cor	poration submits this statement for the ation's board of directors. I hereby according	purpose of changing its registered
agent I	r registered agent, or both till the State Tam familiar with, and accept the oblig	) or monda. Such change was jations of, Section 607 0505, F	aumonzea i Iorida Statut	by the corpora as.	ation's board of directors. I hereby acci	ept the appointment as registered
SIGNATURE						
10	Signature representative and transferred appropriate AP	ent and filter against (NO ID DIRECTORS	TE Registered A	gent signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE
12.	D O'TICENS AN	DELETE	1 1 TITLE	T	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	DAVIDSON, JAMES		1.2 NAM			
STREET ADDRESS	ANALA HOL TONEY WAY		1.3 STRE	ET ADDRESS		<b>\</b>
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY	- ST - ZIP		
THTLE	DPC	DELETE	2.1 TITLE			Change Addition
NAME	WITHEROW, JOHN M.		2.2 NAM			
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL	DOLLTO		-ST-ZIP		Change Addition
NAME	PELKEY, BRUCE	L DELETE	3 1 TITLE 3 2 NAM	i		. Change Addition
STREET ADDRESS	ANAMA LICA TODAY MINY			F F ADDRESS		
- CITY-ST 2IP	MIRAMAR FL		1	-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	ELLIOTT, MICHAEL		4 2 NAM	E.		
STREET ADDRESS			4.3 STRE	et adoress		
Criy-ST-ZIP	MIRAMAR FL		4.4 CITY			
TITLE	DS CAMPA DAVAD	DELETE	5 1 71716	ľ		Change Addition
NAM:	SMITH, DAVID 10112 USA TODAY WAY		5.2 NAMI	i i		
STREET ADDRESS	MIRAMAR FL		1	EY ADDRESS		
CITY - ST - ZIP TITLE	D D	DELETE	54 CITY 61 TITLE			Change Addition
NAME	O'DONNELL, JAMES	Service (	62 NAM			— = serge — studyfori
STREET ADDRESS	10112 USA TODAY WAY		1	ET ADDRESS		

64 CiTY - ST - ZIP 14. If 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 indicated on this arrival 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 corporated or This receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of chment with an address.

SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

CITY-ST-ZIP

MIRAMAR FL