

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M91412 (0)**

1. Corporation Name
IN THE NEWS, INC.



Principal Place of Business: **4896-F W. WATERS AVE. TAMPA FL 33634**
Mailing Address: **% SMITH & SMITH ACCOUNTING 6015 E. MORROW ST., #209 JACKSONVILLE FL 32217**

3. Date Incorporated or Qualified: **07/28/1988**
3a. Date of Last Report: **01/25/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. P.O. BOX 551029	59-2890180	Not Applicable
22. City & State	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. JACKSONVILLE, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	29. 32255-1029	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SMITH, JAYNE H
6015 E. MORROW, #209
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	5770 SPRING PARK ROAD
83. City	
84. City	JACKSONVILLE
85. Zip Code	FL 32216

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: **JAYNE H. SMITH** DATE: **1/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGE, THOMAS A.	1.2 NAME	
STREET ADDRESS	3706 CRABCAKE CIRCLE	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL 33603	1.4 CITY- ST- ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURANTE, BARRY, JR.	2.2 NAME	
STREET ADDRESS	3706 RIDGE AVENUE	2.3 STREET ADDRESS	3706 NORTH RIDGE AVENUE
CITY- ST- ZIP	TAMPA FL 33603	2.4 CITY- ST- ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGE, ALMA	3.2 NAME	
STREET ADDRESS	3706 CRABCAKE CIRCLE	3.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL 33603	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *Thomas A. Billinge* DATE: **X** **1-25-96**

CR2E034 (12/95)