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Jan 28 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 # M91412 (0)
1. Corporation Name:
IN THE NEWS, INC.



Principal Place of Business: 4895-F W. WATERS AVE. TAMPA FL 33634
Mailing Address: 4895-F W. WATERS AVE. TAMPA FL 33634-1316

3. Date Incorporated or Qualified: 07/28/1988
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, Zip, and Country.
4. FEI Number: 59-2890180
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

9. Name and Address of Current Registered Agent: BILLINGE, THOMAS A, 4895-F W. WATERS AVE, TAMPA FL 33634
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
Signature is typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	2.1 TITLE	
NAME	MURANTE, BARRY, JR.	2.2 NAME	
STREET ADDRESS	3706 NORTH RIDGE AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
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		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Thomas A. Billinge 1-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-17-97

CR2E034 (9/96)