

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # **N96000001721 (7)**

1. Corporation Name

**CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF  
GAINESVILLE, INC.**



Principal Place of Business

Mailing Address

**600 CLEVELAND STREET  
8TH FLOOR  
CLEARWATER FL 34615**

**600 CLEVELAND STREET  
8TH FLOOR  
CLEARWATER FL 34615-4151**

3. Date Incorporated or Qualified  
**03/29/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DIMARCO, ALBERT J</b>
STREET ADDRESS	<b>600 CLEVELAND STREET, 8TH FLOOR</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KINSEY, KEITH</b>
STREET ADDRESS	<b>600 CLEVELAND STREET, 8TH FLOOR</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOLDER, JAMES T</b>
STREET ADDRESS	<b>600 CLEVELAND STREET, 8TH FLOOR</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/COO/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>FORTMAN, RICHARD E.</b>
1.3 STREET ADDRESS	<b>600 CLEVELAND STREET, 8TH FLOOR</b>
1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34615</b>

2.1 TITLE	<b>EX VP/CFO/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>STEIN, JOSEPH N.</b>
2.3 STREET ADDRESS	<b>600 CLEVELAND STREET, 8TH FLOOR</b>
2.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34615</b>

3.1 TITLE	<b>SR VP/GEN COUN/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BECK, WENDY A.</b>
4.3 STREET ADDRESS	<b>600 CLEVELAND STREET, 8TH FLOOR</b>
4.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34615</b>

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)