

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR 30 AM 9:22

DOCUMENT # **P22085** (5)

1. Corporation Name
ASBURY PARK PRESS, INC.



Principal Place of Business: **3601 HIGHWAY 66, LOT 1550 NEPTUNE NJ 07753-2604**
Mailing Address: **% WKCF-FM 602 COURTLAND ST. SUITE 200 ORLANDO FL 32804**

3. Date Incorporated or Qualified: **12/13/1988**
3a. Date of Last Report: **06/06/1995**

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **21-0397560**
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
**LASS, MARK
602 COURTLAND ST.
SUITE 200
ORLANDO FL 32804**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LASS, E. DONALD	
STREET ADDRESS	4 MILWIN CT.	
CITY - ST - ZIP	W. ALLENHURST NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PLANGERE, JULES L. III	
STREET ADDRESS	3601 HIGHWAY 66 BOX 1550	
CITY - ST - ZIP	NEPTUNE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RITSCHER, CHARLES W.	
STREET ADDRESS	7 WALNUT PL.	
CITY - ST - ZIP	W. LONG BRANCH NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MURPHY, ROBERT E.	
STREET ADDRESS	508 PASSAIC AVE.	
CITY - ST - ZIP	SPRING LAKE NJ	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PLANGERE, JULES L., JR	
STREET ADDRESS	106 MORRIS AVENUE	
CITY - ST - ZIP	SPRING LAKE NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	

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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: *Mark Lass* February 21, 1996 407 645-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)