


FILE NOW: FILING FEE IS \$61.25

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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40821** (1)

1. Corporation Name
YOUR STORY HOUR INC.



Principal Place of Business 464 WEST FERRY, BOX 15 BERRIEN SPRINGS MI 49103	Mailing Address 464 WEST FERRY, BOX 15 BERRIEN SPRINGS MI 49103-1111
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3. Date Incorporated or Qualified 10/06/1992	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 38-1549983	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, DAVID
POST OFFICE BOX 21
7812 ROSE AVENUE
ORLANDO FL 32810**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	EXECUTIVE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANTOR, ANNE	1.2 NAME	ELAINE TRUMBO
STREET ADDRESS	241 KNOTT ROAD	1.3 STREET ADDRESS	TMM- Box 105
CITY-ST-ZIP	NILES MI	1.4 CITY-ST-ZIP	Berrien Springs MI 49103
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENTON, SUZANNE	2.2 NAME	Robert Little III
STREET ADDRESS	4938 RIVERSIDE	2.3 STREET ADDRESS	4849 E Hillcrest
CITY-ST-ZIP	BERRIEN SPRINGS MI	2.4 CITY-ST-ZIP	Berrien Springs MI 49103
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, WALTER	3.2 NAME	Richard Dower
STREET ADDRESS	7180 N. YORK	3.3 STREET ADDRESS	9690 Painter School Rd
CITY-ST-ZIP	HINDSDALE IL	3.4 CITY-ST-ZIP	Berrien Center MI 49102
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANGELOSI, LARRY	4.2 NAME	
STREET ADDRESS	2591 RIDGEWOOD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BERRIEN SPRINGS MI	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAU-MASTRAPA, SELMA	5.2 NAME	
STREET ADDRESS	4513 POWDER MILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELTSVILLE MD	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	400002107784 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-03/07/97--01069--048
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)