

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000023074 (6)
 1. Corporation Name
IN FOCUS MAGAZINE, INC.



Principal Place of Business: **3001 SW 64 TERRACE, MIRAMAR FL 33023, US**
 Mailing Address: **P.O. BOX 4492, HOLLYWOOD FL 33083-4492**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/26/1993**

4. FEI Number: **65-0400178** Applied For: Not Applicable:

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent: **LESESNE, TONY C, 3001 S.W. 64TH TERRACE, MIRAMAR FL 33023**

10. Name and Address of New Registered Agent (81-85) fields.

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: *Tony C. Lesesne* **Tony C. Lesesne** DATE: **4/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LESESNE, TONY C.		1.2 NAME	
STREET ADDRESS: 3001 SOUTHWEST 64TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIRAMAR FL		1.4 CITY-ST-ZIP	
TITLE: P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LESESNE, GLENDA		2.2 NAME	
STREET ADDRESS: 3001 SOUTHWEST 64TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP: MIRAMAR FL		2.4 CITY-ST-ZIP	
TITLE: T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HAMMOND, MAMIE		3.2 NAME	
STREET ADDRESS: 19600 NW 29 AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		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 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: *B. Wood Lesesne* **B. WOOD LESESNE** DATE: **4/20/98** (954) 963-5960

CR2E034 (10/97)