## 5-15-97 B- 73(9 MC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000024873 (0)

DELAVA	4, INU			1 178 178 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
Principal Place of Business  SPORTS PAGE PUB 13344 66TH ST N LARGO FL 34643 US		Mailing Address SPORTS PAGE PUB 13344 66TH ST N LARGO FL 33773-1815 US		3 1864654 IIB 18188 IIIII 88:IU 38III 88:II 88III 88II 88II 1814 III 1808 IIII 1808 III 1808	
				<ol> <li>Date Incorporated or Qualifie 04/05/1993</li> </ol>	a. Date of Last Report 11/15/1996
	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3177438	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<del>-</del>	6. Election Campaign Financing	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability	for intangible tax under s. 199.032,
24	25		30	Florida Statutes	Yes X No
	9. Name and Address of Curre	nt Registered Agent	61 Name	10. Name and Address of New	Registered Agent
AAOT NI CI EADEICI DI AVE +				Marilee Man	CUSO
TAMPA FL 33603			82 Street A	ddress (P.O. Box Number is Not Accer	plable) # 146D
( CWIII	A 1 E 00000		83	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•				
			84 City	Clearwater	FL   85   7 ip Code 3 5
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Horida Statutes	s, the above-named o	cornoration submits this statement for the	ne purpose of changing its registered
agent. La	im familiar with, and accept the obli	e of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized by the corpc ida!Statutes.	pration's board of directors. I hereby ac	., ,
SIGNATURE	_ 11 aulu m	Janeur	P		4/19/17
	Signature, typed or printed harne of registered his	gent and title if applicable. (NOTE ND DIRECTORS	Itralstered Agent signature re		FRICERS AND DIRECTORS IN 12
12.	DPST OFFICERS AL	DELETE	4.410	ለወህናን	Change Addition
NAME	SACKS, LESLIE C	of been	1.2 NAME	maniles Mancuso 21227 US 19 #1460	Zaj Onengo
STREET ADDRESS	4407 N CLEARFIELD AVE		1.3 STREET ADDRESS	21227 US 19 #1460	•
CITY-ST-ZIP	TAMPA FL 33603		:1.4 CHY-S1-ZIF	clearwater F1 34625	•
TITLE	V	DELETE	2.1 BILE		Change Addition
NAME	MANCUSO, MARILEE		.2.2 NAME		!
STREET ADDRESS	21227 U S 19 #146D		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34825		2 4 CITY-S1-ZIP		
TITLE		☐ DELETE	3 1 TITLE	-	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T or ere	3 4. CITY - ST - 71F		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS		į.	4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIF		Change Addition
TITLE		Therese	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME .		L.J DECERC	6.2 NAME		Change C Addition
HAME	1		DE TOTAL		

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 eath; 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: Mariles Mariles Mariles Mariver

CITY-ST-ZIP

**FILED** 

May 15 1997 8:00am

Secretary of State