

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

FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000007501 (7)

1. Corporation Name
ROO THAN PUBLISHING CO.

Principal Place of Business

Mailing Address

P.O. BOX 32004
SARASOTA FL 34239

P.O. BOX 32004
SARASOTA FL 34239-0004

3. Date Incorporated or Qualified
01/06/1994

3a. Date of Last Report
02/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0459563	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, RUTH A
617 KINGFISHER LANE
LONGBOAT KEY FL 34228

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'DEA, MARYLINE J.	1.2 NAME	
STREET ADDRESS	4458 NARRAGANSET TRAIL	1.3 STREET ADDRESS	21P CODE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	34239
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, RUTH ANN	2.2 NAME	
STREET ADDRESS	617 KINGFISHER LANE	2.3 STREET ADDRESS	21P CODE
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	34228
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, RICHARD G.	3.2 NAME	
STREET ADDRESS	617 KINGFISHER LANE	3.3 STREET ADDRESS	21P CODE
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	34228
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'DEA, GEORGE S	4.2 NAME	
STREET ADDRESS	4458 NARRAGANSET TRAIL	4.3 STREET ADDRESS	21P CODE
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	34239
TITLE		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		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)