

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

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May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000007501 (7)

1. Corporation Name

ROO THAN PUBLISHING CO.

Principal Place of Business

P.O. BOX 32004  
SARASOTA FL 34209

Mailing Address

P.O. BOX 32004  
SARASOTA FL 34209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	P.O. Box 32004	26	P.O. Box 32004	01/06/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0458563	
City & State		City & State		5. Certificate of Status Desired	
23	SARASOTA, FL	28	SARASOTA, FL	<input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip	25	Country	6. Election Campaign Financing	
34278		29	U.S.A.	Trust Fund Contribution	
		30	U.S.A.	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
YOUNG, RUTH A 617 KINGFISHER LANE LONGBOAT KEY FL 34228				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

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

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	PD
NAME	O'DEA, MARYLINE J.	1.2 NAME	O'DEA, MARYLINE J.
STREET ADDRESS	4458 NARRAGANSET TRAIL	1.3 STREET ADDRESS	1629 OAKVIEW DRIVE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VD	2.1 TITLE	VD
NAME	YOUNG, RUTH ANN	2.2 NAME	YOUNG, RUTH ANN
STREET ADDRESS	617 KINGFISHER LANE	2.3 STREET ADDRESS	617 KINGFISHER LANE
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	TD	3.1 TITLE	TD
NAME	YOUNG, RICHARD G.	3.2 NAME	YOUNG, RICHARD G.
STREET ADDRESS	617 KINGFISHER LANE	3.3 STREET ADDRESS	617 KINGFISHER LANE
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	SD	4.1 TITLE	SD
NAME	O'DEA, GEORGE S	4.2 NAME	O'DEA, GEORGE S
STREET ADDRESS	4458 NARRAGANSET TRAIL	4.3 STREET ADDRESS	1629 OAKVIEW DRIVE
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Richard G. Young* Treasurer 4/24/98 941-383-6376

CP2E034 (10/97)