FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000000373

1. Corporation Name

LOCAL NARRATIVES, INC.

Principal Place of Business / Mailing Address

c/o ROBERT S. SIGMAN, ESQUIRE
211 Maitland Avenue
Altamonte Springs, FL 32701

3. Date Incorporated or Qualified: December, 1994
3a. Date of Last Report: Feb 1995

4. FEI Number: 59-3288884

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 has liability for intangible tax under s. ... Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business: 21 SAME AS ABOVE
Suite, Apt #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address: 26 SAME AS ABOVE
Suite, Apt #, etc 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ROBERT S. SIGMAN, ESQUIRE

10. Name and Address of New Registered Agent
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 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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Jennifer G. Sigman
STREET ADDRESS	625 Mariner Way
CITY ST ZIP	Altamonte Springs, FL 32701
TITLE	Vice-President
NAME	Stephen Madigan
STREET ADDRESS	625 Mariner Way
CITY ST ZIP	Altamonte Springs, FL 32701
TITLE	Secretary/Treasurer
NAME	Sheila Sigman
STREET ADDRESS	625 Mariner Way
CITY ST ZIP	Altamonte Springs, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank)

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-03/04/96--01033--004
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sheila Sigman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   2/27/96   (407) 332-1200

CR2E034 (12/95)