

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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000000373 (7) 1. Corporation Name LOCAL NARRATIVES, INC.			
Principal Place of Business C/O ROBERT S. SIGMAN, ESQ. 211 MATLAND AVE. ALTAMONTE SPRINGS FL 32701		Mailing Address C/O ROBERT S. SIGMAN, ESQ. 211 MATLAND AVE. ALTAMONTE SPRINGS FL 32701-4807	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 12/29/1994		3a. Date of Last Report 03/01/1996	
4. FEI Number 59-3288884		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SIGMAN, ROBERT S ESQ 540 EAST HORATIO AVE. STE. 200 MATLAND FL 32751		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 _____ (NOTE: Registered Agent Signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	PSTD	<input type="checkbox"/> DELETE	
NAME	SIGMAN, ROBERT		
STREET ADDRESS	540 EAST HORATIO AVE. STE. 200		
CITY-ST-ZIP	MATLAND FL 32751		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	SIGMAN, JENNIFER G		
STREET ADDRESS	625 MARINER WAY		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	MADIGAN, STEPHEN		
STREET ADDRESS	625 MARINER WAY		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	SIGMAN, SHEILA		
STREET ADDRESS	625 MARINER WAY		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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.			
SIGNATURE: <i>Sheila Sigman</i> SHEILA SIGMAN 1/16/97 407 332-1200			

CR2E034 (9/96)