

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

FILED

May 12 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 # P95000019440 (3)
 1. Corporation Name
MARCOA PUBLISHING JACKSONVILLE, INC.



Principal Place of Business 5960 CORNERSTONE CT. WEST SAN DIEGO CA	Mailing Address P.O. BOX 509100 SAN DIEGO CA 92150-9100
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/09/1995	3a. Date of Last Report 09/27/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3304401	Applied For <input checked="" type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVIS, AILEEN S 100 S. ASHLEY DR. SUITE 1500 TAMPA FL 33602		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. Zip Code	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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARTELLA, MICHAEL J		1.2 NAME LISA MILLS	
STREET ADDRESS 5960 CORNERSTONE CT. WEST		1.3 STREET ADDRESS 5960 CORNERSTONE CT. W	
CITY - ST - ZIP SAN DIEGO CA		1.4 CITY - ST - ZIP SAN DIEGO CA 92121	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME TAMMY LAWRENCE	
STREET ADDRESS		2.3 STREET ADDRESS 5960 CORNERSTONE CT. W	
CITY - ST - ZIP		2.4 CITY - ST - ZIP SAN DIEGO CA 92121	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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.

SIGNATURE: *Tammy Lawrence* **TAMMY LAWRENCE** 5/19/97 619-552-9300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)