

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 # **P95000020383 (2)**

1. Corporation Name
DISABLED DEALER MAGAZINE, INC.



Principal Place of Business: **P.O. BOX 5968 SUN CITY CENTER FL 33571-5968**
Mailing Address: **P.O. BOX 5968 SUN CITY CENTER FL 33571-5968**

3. Date Incorporated or Qualified: **03/08/1995**
3a. Date of Last Report

2. Principal Place of Business: **21 5938 Frond Way**
Suite, Apt. #, etc.
22 City & State: **Apollo Beach Florida**
23 Zip: **33572** Country
24 **25**
2a. Mailing Address: **26 Post Office Box 3326**
Suite, Apt. #, etc. **27 same**
28 City & State: **Apollo Beach Florida**
29 Zip: **33572** Country
30

4. FEI Number: **59-3303345**
Applied For: Not Applicable
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 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
PYLE, TERRENCE F
707 DEL WEBB BLVD.
SUN CITY CENTER FL 33573

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 **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: _____ DATE: _____
Signature typed or printed name of registered agent and then applicable: _____ Registered Agent signature required when re-issuing: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	P / T / D
NAME	--- PYLE, TERRENCE F ---	12 NAME	SMITH, Robert J.
STREET ADDRESS	--- 707 DEL WEBB BLVD. ---	13 STREET ADDRESS	5938 Frond Way
CITY-ST-ZIP	--- SUN CITY CENTER FL 33573 ---	14 CITY-ST-ZIP	Apollo Beach, Florida 33572
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V-P / S / D
NAME		2.2 NAME	SMITH, Stella M.
STREET ADDRESS		2.3 STREET ADDRESS	5938 Frond Way
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Apollo Beach, Florida 33572
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D
NAME		3.2 NAME	Oliver O'Riordan
STREET ADDRESS		3.3 STREET ADDRESS	5938 Frond Way
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Apollo Beach, Florida 33572
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Stella M. Smith VP 3/29/96 (813) 645-1918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)