

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000033740 (8)
1. Corporation Name

REGIONAL PUBLICATIONS, INC.



Principal Place of Business: 375 INTERSTATE BOULEVARD SARASOTA FL 34240
Mailing Address: 375 INTERSTATE BOULEVARD SARASOTA FL 34240

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report
21		26		4. FEI Number 65-0584061	Applied For Not Applicable
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COHEN, SANFORD A 375 INTERSTATE BOULEVARD SARASOTA FL 34240				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 type for profit director of registered agent and the applicable (N/A) Registered Agent's signature required when establishing DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	COHEN, SANFORD A	1.2 NAME	
STREET ADDRESS	375 INTERSTATE BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	1.4 CITY-ST-ZIP	
TITLE	D [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	SICHEL, STEPHEN	2.2 NAME	
STREET ADDRESS	375 INTERSTATE BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	2.4 CITY-ST-ZIP	
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sanford Cohen SANFORD COHEN 8/2/96 941 371 6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (3/96)