FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN

Sandra B. Mor

Secretary of St

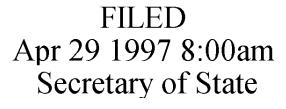
DIVISION OF CORPO TIONS

DOCUMENT # P95000033740 (8)

REGIONAL PUBLICATIONS, INC.

Principal Place of Business

Mailing Address





375 INTERSTATE BOULEVARD SARASOTA FL 34240		375 INTERSTATE BOULEVARD SARASOTA FL 34240-8686					
					3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report 08/07/1996	
2. Principal Place of Business		28. Mailing Addr	ess		4. FEI Number -85-0584061 65-0.	Setac / Applied For	
Suite, Apt. #, etc.		26		ļ	-85-0584061 63-0		OIC
22		Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	6	City & State			 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7ip	30	untry	8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, Yes □ No	
	9. Name and Address of Currer			10. Name and Address of New Registered Agent			
COHEN, SANFORD A				81 Name			
	INTERSTATE BOULEVARD ASOTA FL 34240			82 Street A	ddress (P.O. Box Number is Not Acceptat	ole)	
OAIV	100 IN FL 04240			83			
				B4 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 registi red age	eit and title II applicable.	(NOTE: Register	ed Agent signature n	equired when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	8
TITLE	D	DE	LETE 1.13	TLE		Change Addit	lion (S
NAME	COHEN, SANFORD A		1.21	νMf.			F034
STREET ADDRESS	375 INTERSTATE BOULEVARD		1.3 5	REFT ADDRESS			Ĭį
CITY-ST-ZIP	SARASOTA FL 34240			CXTY - ST - ZIP			, j
TITLE	D OLOUGI OTEDUEN	☐ DE		IUTE		∐ Change ☐ Addir	lion
NAME	SICHEL, STEPHEN 375 INTERSTATE BOULEVARD			NAMI :			
STREET ADDRESS	SARASOTA FL 34240			STREET ADDRESS			
CITY-ST-ZIP TITLE	SANASOTA FL 34240	D OF		CITY-ST-ZIP		Change Addit	tion
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STREET ADDRESS			6.3	TREET ADDRESS			
CITY-ST-ZIP			6.4	11Y-\$1-7(P		· · ·	
14. I do herek	by certify that the information supplie	d with this filing does r	not qualify for th	exemption st	ated in Section 119.07(3)(i), Florida Statute	es. I further certify that the	

I do nelegy certify that the miormanon supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. 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.