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Feb 07 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 # P95000041213 (6)

1. Corporation Name  
EXTRA EXTRA, INC.



Principal Place of Business  
73 FERNE LANE  
LAKE WORTH FL 33467  
US

Mailing Address  
73 SW FLAGLER AVE  
C/O P. TAYLOR  
STUART FL 34984-2140  
US

3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0583476	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 73 Ferne Lane
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Lake Worth, FL
24 Zip	29 33467
25 Country	30 Palm Beach

9. Name and Address of Current Registered Agent  
~~BRIDY, JAMES P~~  
~~73 SW FLAGLER AVE~~  
~~STUART FL 34984~~

10. Name and Address of New Registered Agent
81 Name Patricia I. TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable) 73 SW FLAGLER AVE
83
84 City STUART FL 85 Zip Code 334994

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 *Patricia I. Taylor* PATRICIA I TAYLOR 1/13/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D TAYLOR, PATRICIA I
NAME	73 SW FLAGLER AVE
STREET ADDRESS	STUART FL
CITY - ST - ZIP	
TITLE	D KUNCI, THOMAS W
NAME	73 FERNE LANE
STREET ADDRESS	LAKE WORTH FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 checked="" type="checkbox"/> Addition
3.2 NAME	D MALONEY, LYND A.
3.3 STREET ADDRESS	73 FERNE LANE
3.4 CITY - ST - ZIP	LAKE WORTH, FL 33497
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: *Lynda A. Maloney* Lynda A. Maloney 1/13/97 561-968-0239  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)