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

Mailing Address

3312 HARBOR VIEW

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3312 HARBOR VIEW

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

813/837-4856

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032655 (8)

TAMPA BAY FAMILY MAGAZINE, INC.

TAMPA FL 33611 TAMPA FL 33611-1923 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation has liability for intangible tax under s. 199.032, 24 30 Yes No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name FERGUSON, CAROL A 3312 HARBOR VIEW Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33811** 83 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. ont and title it applicable (NOTE: Registered Agent signature required when reinstating) ND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)DELETE TITLE 1.1 TITLE PVST Change **Addition** Carol A. Ferauson NAME 1.2 NAME BBIL Harbor View STREET ADDRESS 1.3 STREET ADDRESS Tampa, PL BB61 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE THEF Change Addition 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-SI-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change 31 TITLE Addition NAME 32 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETÉ TITLE 4.1 TITLE ☐ Addition NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition 300002189193 -05/23/97--01005--021 NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-S1-ZIP 5.4 CITY-ST-ZIP ***165.00 DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. If 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. If 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.