

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

FILED

May 16 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 # P96000045593 (6)

1. Corporation Name

FAMILY AFFAIRS EVENTS & PUBLICATIONS, INC.



Principal Place of Business

Mailing Address

**5420 BAY CENTER DRIVE
SUITE 200
TAMPA FL 33609**

**5420 BAY CENTER DRIVE
SUITE 200
TAMPA FL 33609-3425**

3. Date Incorporated or Qualified

05/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **5440 Mariner St**

26 **5440 Mariner St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **112**

27 **112**

City & State

City & State

23 **Tampa FL**

28 **Tampa FL**

Zip

Country

Zip

Country

24 **33609**

25 **USA**

29 **33609**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMONETTI, SHERRI L
5420 BAY CENTER DRIVE
SUITE 200
TAMPA FL 33609**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5440 Mariner St.

83 **Suite 112**

84 City **Tampa**

FL

85 Zip Code

33609

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

Sherril Simonetti

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|---|---------------------------------|
| TITLE | PSD | <input type="checkbox"/> DELETE |
| NAME | SIMONETTI, SHERRI L | |
| STREET ADDRESS | 5420 BAY CENTER DRIVE, SUITE 200 | |
| CITY - ST - ZIP | TAMPA FL 33609 | |

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 5440 Mariner St. #112 |
| 1.4 CITY - ST - ZIP | Tampa FL 33609 |

| | | |
|-----------------|---|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SIMONETTI, RICHARD F | |
| STREET ADDRESS | 5420 BAY CENTER DRIVE, SUITE 200 | |
| CITY - ST - ZIP | TAMPA FL 33609 | |

| | |
|---------------------|--|
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 5440 Mariner St. #112 |
| 2.4 CITY - ST - ZIP | Tampa FL 33609 |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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|---------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| 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 | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| 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:

Sherril Simonetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 **813 289 4060**
Date Daytime Phone #

CR2E034 (9/96)