

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

FILED

**Apr 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045593 (6)
1. Corporation Name
FAMILY AFFAIRS EVENTS & PUBLICATIONS, INC.



Principal Place of Business 5440 MARINER ST. #112 TAMPA FL 33609 US	Mailing Address 5440 MARINER ST. #112 TAMPA FL 33609 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8104 Marjory Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 533 S. Howard Ave. Suite, Apt. #, etc.
22 City & State 23 Tampa, FL	27 City & State 28 Tampa, FL
24 33606 25 Zip Country	29 33606 30 Zip Country

3. Date Incorporated or Qualified 05/22/1996	
4. FEI Number 59-3383593	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SIMONETTI, SHERRI L
5440 MARINER ST.
STE. 112
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2104 Marjory Ave
83
84 City Tampa FL 85 Zip Code 33606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PSD	<input type="checkbox"/> DELETE
NAME SIMONETTI, SHERRI L	
STREET ADDRESS 5440 MARINER ST., #112	
CITY-ST-ZIP TAMPA FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME SIMONETTI, RICHARD F	
STREET ADDRESS 5440 MARINER ST., #112	
CITY-ST-ZIP TAMPA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 2104 Marjory Ave.	
1.4 CITY-ST-ZIP Tampa, FL 33606	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 2104 Marjory Ave	
2.4 CITY-ST-ZIP Tampa, FL 33606	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, changed, or on an attachment with an address.

Sherris *Mortham* *Sherris*

CR2E034 (10/97)