## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600081372 (0)

THE FLORIDA HIGH SCHOOL SPORTS MAGAZINE, INC.

## FILED Jul 25 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address			
2676 NE 5TH AVENUE 2676 NE 5TH AVENUE BOCA RATON FL 33431 BOCA RATON FL 33431				
BOOK HATON PL 33431	ATON FL 33431 BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	3a. Date of Last Report
			10/01/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2676 NE SAU ANE	26 SAUS		65-0710999	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State 23 Doca RATON, (2	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Boca RATON, Sc. Zip Country		Country	B. This corporation owes or has pair	
24 23 43 ( 25 25	29 30	DOO III Y	Personal Property Tax due June	
9. Name and Address of Currer		1	10. Name and Address of New Reg	
STEARNS, DAVID B		81 Name		
1300 NORTH FEDERAL HIGHWAY		B2 Street Add	dress (P.O. Box Number is Not Acceptable	2)
SUITE 201-A		Street Aut	uress (F.O. Box Number is Not Acceptable	,
BOCA RATON FL 33432		83		
		84 City		85 Zip Code
		"		FLII
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	02 and 607 1508, Florida Statutes, th	e above-named cor	rporation submits this statement for the pr	urpose of changing its registered
agent. I am familiar with, and accopt the oblig	gations of Section 607.0505, Florida	Statutes.	ation's board of directors. Thereby accept	t the appointment as registered
SIGNATURE			·	
Signature, typed or printed name of registered ag-		stered Agent signature requ	uired when roinstating)  ADDITIONS/CHANGES TO OFFIC	DATE
12. OFFICERS AN		i.1 Title	DIA	Change X Addition
NAME THOMAS L. SPENS	CAA	i i	THOMAS L. SPENCER	40
NAME THOMAS L. SPENISTEET ADDRESS 2000 NE SYLL AVE		1.3 STREET ADDRESS	THOMAS L. STENCER	
CITY-ST-ZIP BOCA RATON, FL	33431	I.4 CITY+ST-ZIP	3676 NE SH AVE BOCA RATON, FL 3	અપેક (
TITLE		2.1 TIFLE	SOCIA PORTO	Change Addition
NAME	1	2.2 NAME		
STREET ADDRESS	1	2.3 STREET ADDRESS		
CITY-ST-ZIP	3	2 4 CITY-ST-ZIP		
TITLE	DELETE :	3 1 TITLE		Change Addition
NAME	\$	3 2 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME	•	4. 2 NAME		
STREET ADDRESS	•	4.3 STREET ADDRESS		
City-St-ZiP		4.4 CITY - ST - ZIP		Change Addition
TITLE		5.1 TITLE		Change C Modition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CHTY-ST-ZIP 6.1 TITLE		Change Addition
NAME	<del></del>	5.2 NAME		the country in the control
		6.3 STREET ADDRESS		
STREET ADDRESS		6.4 CITY-ST-ZIP		
CITY-ST-ZIP			ad in Castion 110 07(2)(i) Florida Statutor	

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 the applicaclement with an address.