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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000090669 (8)

COUNTY MEDIA SPECIALISTS, INC.

FILED	
Apr 25 1997 8:00am	1
Secretary of State	



Principal Place of Business 2885 BEARDALL AYENUE BANFORD FL 32773		Mailing Address				T TORKEBOL SIO TOTAD DITAL BOTAL BOSTA BOSTA BOTA BOTA BISTO BISTO DITAL TRAFFEDOR				
		2885 BEARDALL AVENUE- SANFORD FL 32773-8569 P.O. BOX 696								
		Sanford,	FL	32	772- 69696	3. Date Incorporated or Qualified 11/05/1996	3a. Date o	of Last F	Report	
2. Principal P	lace of Business	26. Mailing Address				4. FEI Number 59-3407684	Applied For Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	0	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip	Country	Ζ·p	<u> </u>	untry	/	8. This corporation has liability for in			s. 199.032,	
24	25	29	30	<del></del>			Yes 🔀 1			
<b></b>	9. Name and Address of Currer	nt Registered Agent		04	T 64	10. Name and Address of New Re	gistered Age	nt		
	RILAWYER CHARTERED			81	Name					
	ALMERIA AVENUE VAL GABLES FL 33134				Street Addre	ess (P.O. Box Number is Not Acceptable)				
001	INE CADLES I'C SS 104			83						
				84	City		<b></b> 8	5 Zip	Code	
					]					
_	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorize forida Sta	ed by atute:	y the corporations.	oration submits this statement for the p on's board of directors, I hereby accep	t the appoint	ment as	registered	
SIGNATURE	Signature, typod or printed name of regulered age	ent and title if applicable (NC	TE: Register	ed Age	cut signature require	ed when reinstating)	DATE		<del></del>	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12	
TITLE	PTD	☐ DELETE	1.1	HTLE	1			Change	Addition	
NAME	HILL, ELIZABETH W		1.21	NAME						
STREET ADDRESS	2885 BEARDALL AVENUE		1.3	STAEE1	ADDRESS					
CITY-ST-ZIP	SANFORD FL 32773	•	1.41	CITY-S	ST-7IP					
TITLE	VSD	☐ DELETE	21	IITLE				Change	Addition	
NAME	HILL, JAMES W		221	NAME						
STREET ADDRESS	2885 BEARDALL AVENUE		23	STREET	ADDRESS	1	1, 14			
CITY-ST-ZIP	SANFORD FL 32773		2 4	CITY-	S1 - ZIP					
TITLE		☐ DELETE	31	TITLE				Change	Addition	
NAME			321	NAME		1				
STREET ADDRESS			. 33	STREET	ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE		☐ DELETE		1011.6			Ц	Change	Addition	
NAME				NAME						
STREET ADDRESS			4		ADDRESS					
CITY-ST-ZIP		DELETE		CITY - S	51 - 7IP			Change	Addition	
TITLE		☐ beitig	4	TITLE			LJ	Change	Addition	
NAME EXPECT ADDRESS			1	NAME CERECE	L ADDOCCO					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE		CITY - S	SI - ZIP			Change	Addition	
		f"] DETERIC	4	TITLE				oriange	Addition	
NAME OTDECT ADDRESS				NAME DEDECE	LADDRESS					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			641	CHTY-S	ST-20P	0.070/0/5				

4. 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.