

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077743 (7)
1. Corporation Name
4TH STREET PUB. INC.



Principal Place of Business: 5415 4TH ST., N. ST. PETERSBURG FL 33703
Mailing Address: 5415 4TH ST., N. ST. PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 09/09/1997
4. FEI Number: 59-3467832
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: HERSEM, THOMAS G, 1421 CT. ST., STE. B, CLEARWATER FL 34616

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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.

SIGNATURE: Michael McKenna (NOTE: Registered Agent signature required when reinstating) DATE: 4-28-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	
NAME	MCKENNA, MIKE	1.2 NAME	
STREET ADDRESS	5415 4TH ST., N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	MCKENNA, LILLIAN M	2.2 NAME	MCKENNA, LILLIAN M.
STREET ADDRESS	5415 4TH ST., N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	HAKIMIAN, GARY	3.2 NAME	
STREET ADDRESS	5415 4TH ST., N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Michael McKenna DATE: 4-28-98 813-525-5304

CR2E034 (10/97)