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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085362 (6)

FILED Feb 23 1998 8:00am Secretary of State

FLORIDA MEDIA, INC. Principal Place of Business	Mailing Address			
Principal Place of business	Maning Address			
2626 DUFF ROAD LAKELAND FL 33609 LAKELAND FL 33609			DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualified	
			10/02/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3471815	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6, Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	B. This corporation owes or has paid the	currept year Intangible
Zip 3 5 8 / 0 Country 25	29 33810	30	Personal Property Tax due June 30.	Yes No
g. Name and Address of Current R	Registered Agent		10. Name and Address of New Register	ed Agent
PETERSON, ELAINE K		81 Name		
2826 DUFF ROAD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
LAKELAND FL 33809		Uncor Addi		
		83		
•		84 City		or 7: Oods
		84 City	F	L 85 Zip Code 33810
44 Purpuent to the provisions of Sections 607 0502 o	and 607 1508. Florida Statutes	s, the above-named corp		
11. I pisuant to the provisions of accions our odde a	ina cor i joco, i londa cialata		polation sobriits this statement for the purpose	a or criarianing its redistered 1
office or registered agent, proofs, in the State of	Florida. Such change was au	thorized by the corporati	ion's board of directors. I hereby accept the a	appointment as registered
Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of tagent. I am familiar with and accept the obligation.	Florida. Such change was auns of Section 607.0505 Flo	thorized by the corporati ida Statules.	ion's board of directors. I hereby accept the a	appointment as registered
office or registered agent, or both, in the State of Ingent. I am familiar with and accept the obligation SIGNATURE Signature, typed or pointed name of registered agent as		thorized by the corporation Statutes. Registered Agent signature require		appointment as registered
SIGNATURE	ndditie if applicable (NOTE.			4
SIGNATURE Signature, typed or printed name of registered again as	ndditie if applicable (NOTE.	Registered Agent signature require	red when reinstating) DATE	4
SIGNATURE Signature, typed or printed name of registered agent at 12. OFFICERS AND D	ngalica y apolicable (NOTE.	Registered Agent signature require	red when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered again at 12. OFFICERS AND D TITLE PD NAME SOCIA, CLARENCE J STREET ADDRESS 2628 DI JEE ROAD	OIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE	red when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered again at 12. OFFICERS AND D TITLE PD NAME SOCIA, CLARENCE J STREET ADDRESS 2628 DI JEE ROAD	OIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE Signature, Systed or printed name of registered agent at 12. OFFICERS AND DITTLE PD SOCIA, CLARENCE J STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33889 3 3 8 4	OIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE Signature, System or printed name of registered agent at 12. OFFICERS AND CONTINUE. ITILE PD SOCIA, CLARENCE J STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33889 3 3 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	INOTE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
SIGNATURE Signature, typed or printed name of registered agains at 12. OFFICERS AND D TITLE PD NAME SOCIA, CLARENCE J STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 7 TITLE STATUD STOOM NAME PETERSON, ELAINE K	INOTE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
SIGNATURE Signature, Syncial or printed name of registered agent at 12. OFFICERS AND D TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES	DIRECTORS DELETE DELETE	Registered Agent signature requer 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	red when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
SIGNATURE Signature, Syred or printed name of registered agent at 12. OFFICERS AND D ITTLE PD SOCIA, CLARENCE J STREET ADDRESS CITY-ST-ZIP TITLE STIVD PETERSON, ELAINE K STREET ADDRESS STREET A	DIRECTORS DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD NAME SOCIA, CLARENCE J STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 1 TITLE NAME PETERSON, ELAINE K STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 1	DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	red when reinstating) DATE	Change Addition
SIGNATURE Signature, Syred or printed name of registered agent at 12. OFFICERS AND D ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 STAD PETERSON, ELAINE K STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 STAD	DELETE DELETE DELETE	Registered Agent signature reques 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE	red when reinstating) DATE	Change Addition
SIGNATURE Signature, Syred or printed name of registered agent at 12. OFFICERS AND D ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 STAD PETERSON, ELAINE K STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 STAD	DELETE DELETE DELETE	Registered Agent signature reques 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	red when reinstating) DATE	Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD SOCIA, CLARENCE J SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 TOTAL STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 STREET ADDRESS AGAGC DUFF ROAD LAKELAND FL 33809 STREET ADDRESS AGAGC AGA	DELETE DELETE DELETE	Registered Agent signature reques 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstating) DATE	Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD SOCIA, CLARENCE J SIREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP LAKELAND FL 33809 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP LAKELAND FL 33809 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP LAKELAND FL 33809 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 STREET ADDRESS CITY-ST-ZIP LAKELAND FL	DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature reques 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	red when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD SOCIA, CLARENCE J 2628 DUFF ROAD LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 1 LAKELAND FL 33809 3 3 8 1 LAKELAND FL 33809 3 6 1 TITLE NAME LAKELAND FL 33809 7 6 1 LAKELAND FL 33809 7 7 6 1 LAKELAND FL 33809	DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature requel 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE PD SOCIA, CLARENCE J 2626 DUFF ROAD LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 1 LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 7 6 C LAKELAND FL 33809 7 7 6 C LAKELAND FL 3	DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	red when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD SOCIA, CLARENCE J 2628 DUFF ROAD LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 1 LAKELAND FL 33809 3 3 8 1 LAKELAND FL 33809 3 6 1 TITLE NAME LAKELAND FL 33809 7 6 1 LAKELAND FL 33809 7 7 6 1 LAKELAND FL 33809	DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature requel 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstating) DATE	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE PD SOCIA, CLARENCE J 2626 DUFF ROAD LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 3 3 8 1 LAKELAND FL 33809 3 7 8 1 LAKELAND FL 33809 7 8 1 LAKEL	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP	red when reinstating) DATE	Change Addition Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD SOCIA, CLARENCE J 2626 DUFF ROAD LAKELAND FL 33809 3 3 8 1 TITLE NAME PETERSON, ELAINE K STREET ADDRESS CHY-ST-ZIP LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CHY-ST-ZIP LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CHY-ST-ZIP LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	red when reinstating) DATE	Change Addition Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD SOCIA, CLARENCE J 2826 DUFF ROAD LAKELAND FL 33889 3 3 8 7 TITLE NAME PETERSON, ELAINE K 2626 DUFF ROAD LAKELAND FL 33889 3 3 8 7 TITLE NAME STREET ADDRESS CHY-ST-ZIP LAKELAND FL 33889 3 3 8 7 TITLE NAME STREET ADDRESS CHY-ST-ZIP LAKELAND FL 33808 3 3 8 7 TITLE NAME STREET ADDRESS CHY-ST-ZIP LAKELAND FL 33808 3 3 8 7 TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	red when reinstating) DATE	Change Addition Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD SOCIA, CLARENCE J 2826 DUFF ROAD LAKELAND FL 33809 3 3 8 1 TITLE NAME PETERSON, ELAINE K 2626 DUFF ROAD LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CHY-ST-ZIP LAKELAND FL 33809 3 3 8 1 TITLE NAME SIREET ADDRESS CHY-ST-ZIP LAKELAND FL 33809 3 3 8 1 TITLE NAME STREET ADDRESS CHY-ST-ZIP	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating) DATE	Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature, Syred or printed name of registered agent at 12. OFFICERS AND D ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	red when reinstating) DATE	Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature, Syred or printed name of registered agent at 12. OFFICERS AND D SOCIA, CLARENCE J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	red when reinstating) DATE	Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature, Syred or printed name of registered agent at 12. OFFICERS AND D ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	red when reinstating) DATE	Change Addition Change Addition Change Addition Change Addition Change Addition

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 or an attachment with an address

SIGNATURE:

1-23-58