

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

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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S03741 (3)
1. Corporation Name
THE SUN TIMES OF CANADA, INC.



Principal Place of Business 515 WEST BAY ST SUITE C TAMPA FL 33606	Mailing Address 515 WEST BAY ST SUITE C TAMPA FL 33606-2701
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3. Date Incorporated or Qualified 10/03/1990	3a. Date of Last Report 08/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3033750	Applied For Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STERN, RANDY K 220 S. FRANKLIN ST. TAMPA FL 33602		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GWEN	1.2 NAME	WEBSTER, NORMAN
STREET ADDRESS	243 S. KINGSWAY	1.3 STREET ADDRESS	1155 RENE LEVESQUE BLVD W #2912
CITY-ST-ZIP	TORONTO ONT. CANADA	1.4 CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, GEOFFREY	2.2 NAME	DAVIDSON, HOWARD
STREET ADDRESS	2913 WEST CHAPIN AVE.	2.3 STREET ADDRESS	1155 RENE LEVESQUE BLVD W #2912
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, NORMAN	3.2 NAME	
STREET ADDRESS	1155 RENE LE VESQUE BLVD. W #2912	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA	3.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, HOWARD	4.2 NAME	
STREET ADDRESS	1155 RENE LE VESQUE BLVD. #2912	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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, changed, or on an attachment with an address.

SIGNATURE: *David W. Perts* **David W. Perts** April 25/97 941-967-6450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)