

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORENDA DEPARTMENT OF STATE
Sandra B. Marham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S27909 (8)**

1. Corporation Name
CAN MEDIA JACKSONVILLE, INC.



Principal Place of Business: **3801 UNIVERSITY BLVD. W. JACKSONVILLE FL 32217**
Mailing Address: **3801 UNIVERSITY BLVD. W. JACKSONVILLE FL 32217**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Sube, Apt. #, etc.	26. Sube, Apt. #, etc.	01/29/1991	05/01/1995
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	59-3045688	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SPIRES, CHERYL 3645 CAROL ANN LANE JACKSONVILLE FL 32217		10. Name and Address of New Registered Agent	

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				FL

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: *Ruth A. Combs* **Ruth A. Combs** **3-14-96**
Signature of incorporator or officer of the corporation Date of signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	Treasurer
NAME	MOGGACH, GARY	2. NAME	Ruth A. Combs
STREET ADDRESS	2942 WILDERNESS BLVD E.	3. STREET ADDRESS	4201 Tahoe Ct
CITY-ST-ZIP	PARRISH FL	4. CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	S	5. TITLE	
NAME	MOGGACH, CHERYL	6. NAME	
STREET ADDRESS	2942 WILDERNESS BLVD E	7. STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL	8. CITY-ST-ZIP	
TITLE	T	9. TITLE	
NAME	SPIRES, CHERYL	10. NAME	
STREET ADDRESS	3645 CAROL ANN LANE	11. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	12. CITY-ST-ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Ruth A. Combs* **Ruth A. Combs** **3-14-96** **137-1320**
Signature and typed or printed name of signing officer or director Date Office Phone

CR2E034 (12/95)