

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED
Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S91231 (8)
 1. Corporation Name
RINGLING MULTIMEDIA CORPORATION



Principal Place of Business 1753 NORTHGATE BLVD. SARASOTA FL 34234 US	Mailing Address 1753 NORTHGATE BLVD. SARASOTA FL 34234 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1991	3a. Date of Last Report 05/01/1996
21	22	26	27	4. FEI Number 65-0298282	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**KIRTLEY, WILLIAM T.
2014 4TH STREET
SARASOTA FL 34237**

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 607.1506, 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	DT	1.1 TITLE	Vice President
NAME	COUNTRYMAN, FRANK L. II	1.2 NAME	James Cooper
STREET ADDRESS	1753 NORTHGATE BLVD.	1.3 STREET ADDRESS	1753 Northgate Blvd
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	CDS	2.1 TITLE	President & CEO, Chairman
NAME	KIRTLEY, WILLIAM T.	2.2 NAME	Frank L. Countryman, II
STREET ADDRESS	702 SARASOTA QUAY	2.3 STREET ADDRESS	1753 Northgate Blvd
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	D	3.1 TITLE	Board Member - only
NAME	CHRIST-JANER, DR. ARLAND F.	3.2 NAME	William T. Kirtley
STREET ADDRESS	2700 NORTH TAMiami TRAIL	3.3 STREET ADDRESS	2940 S. Tamiami Trail
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	D	4.1 TITLE	Secretary & Board Mem
NAME	HOFFMAN, JAMES	4.2 NAME	James Patterson
STREET ADDRESS	1819 INDUSTRIAL DRIVE	4.3 STREET ADDRESS	2612 Tanglewood Drive
CITY-ST-ZIP	GRAND HAVEN MI 49417	4.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	D	5.1 TITLE	
NAME	PATTERSON, JAMES A.	5.2 NAME	
STREET ADDRESS	1753 NORTHGATE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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 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.

SIGNATURE: _____ **SIGNATURE REQUIRED** 7/18/97 941/355-2201

CR2E034 (4/97)