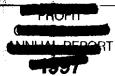
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # PUBLISHER'S WAREHOUSE OF SARASOTA, INC.

rencyaterrent 1997

97 DEC 30 AM II: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA



		Mailing Address	THE PERSON NAMED IN		
Principal Place		maning rate too			i arbit minit hidit bintt ninit hibit ihdi
9451 COOPER CREEK BLVD. 142 WEST END AVENUE UNIVERSITY PARK FL 34201 KNOXVILLE TN 37822					
ONITERSHIT P	ANN TE 04201	US		DO NOT WRITE IN THIS SPACE	
		••		3. Date Incorporated or Qualified	3a. Date of Last Report
				03/18/1992	07/09/1996
2. Principal Pl	lace of Businoss	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0312896	Not Applicable
Sulte, Apt.	#, e lc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7 _{(D}	Country	Trust Fund Contribution 8. This corporation owes or has pair	LJ Added to Foos
24	25	- P - 1	30	Personal Property Tax due June :	
	9. Name and Address of Current			10. Name and Address of New Reg	
CTO	CORPORATION		81 Name	-	
٠.,		~~· • • • •	82 Street Addre	ess (P.O. Box Number is Not Accentable	
170	o south tine I	Sland Koad		in the second se	•
OV	ا ب مالمامه	- · ·	83		
LX	on south Pine I	324	84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
	j				
office or re	o the provisions of Sections 607,0502 o gister (d age nt, o <u>r ti</u> olh), in the State (' and 607.1508, Florida Statutes of Florida. Such change was au	s, the above-named corporation	oration submits this statement for the puon's board of directors. I hereby accept	rpose of changing its registered the appointment as registered.
agent. I ar	n fathilar with, and whop the outling	tions of, Section 607.0505, Flori	ida Statules.	10/2-1	3
SIGNATURE	Standard typed or Vistad Wit of Registered agen		ive vesiclyn <mark>t seci</mark>		<u> </u>
12.	OF FICE RS AND	DIRECTORS	VICEY GOLDSTEIN	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITUE	DP	DELETE	1.1 TILLE		Change Addition
NAME	Winegardner, Dean A.		1.2 NAME	600000233	923562
STREET ADDRESS	3000 RIVER HAVEN POINT		1.3 STREET ADDRESS		801043013
CITY-ST-ZIP	KNOXVILLE TN 37922		1.4 CITY - ST - ZIP	****750	.00 ****750.00
TOLE	ST	☐ DELETE	211IILE		Change Addition
NAME	BROOKS, RONALD A.		22 NAME		
PREET ADDRESS	1308 J JOE HINTON RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37923		2.4 C(TY-ST-7)P		
TIVE		☐ DECEME	3.1 TOLE		Change Addition
NAME OTREET ARROSCO			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CHY-ST-7IP 4.1 HILE		Change Addition
NAME			4.2 NAMI		Change Addition
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-S1-7IP		
TITLE		DOLLETE	5.1 little		Change Addition
NAME			5.2 NAME	Λ.	
STREET ADDRESS			5.3 STREET ADDRESS	18, 111000	
CITY-ST-ZIP			5.4 CHY- S1-7/P	a. War 12/30/9	
TITLE		DETETE	6 1 11TLE	12/27/19	2 Change Addition
NAME			62 NAME	(7)20//	1
STREET ADDRESS			6.3 STREET ADDRESS	<i>i</i> /	
CITY-ST-ZIP			6.4 CHY-S1-ZIP		

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 all address.