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Apr 24 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 # **V47474**

(4)

1. Corporation Name

THE REAL ESTATE JOURNAL, INC.



Principal Place of Business

**441 E. CENTRAL AVE.
WINTER HAVEN FL 33880
US**

Mailing Address

**441 E. CENTRAL AVE.
WINTER HAVEN FL 33880-3052
US**

3. Date Incorporated or Qualified

07/02/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3131509

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**DIONNE, PHILIP C
7000 STATE ROAD 544
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D
NAME: PHILLIPS, JAMES E
STREET ADDRESS: 485 PARK AVE.
CITY - ST - ZIP: BELLEAIR FL**

☐ DELETE

TITLE

**D
NAME: LEWIS, ROBERT O
STREET ADDRESS: 767 CENTURY LANE
CITY - ST - ZIP: WINTER HAVEN FL**

☐ DELETE

TITLE

**D
NAME: DIONNE, PHILIP C
STREET ADDRESS: 514 W COLEMAN DR
CITY - ST - ZIP: WINTER HAVEN FL**

☐ DELETE

TITLE

**NAME:
STREET ADDRESS:
CITY - ST - ZIP:**

☐ DELETE

TITLE

**NAME:
STREET ADDRESS:
CITY - ST - ZIP:**

☐ DELETE

TITLE

**NAME:
STREET ADDRESS:
CITY - ST - ZIP:**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**D
D. JOE JENSEN
216 SANTA ROSA DR. S.E.
WINTER HAVEN, FL. 33884**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: **V**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

0301310

CR2E034 (9/96)