

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90085 025 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 012575

1. Corporation Name
COLLIER COUNTY PUBLISHING COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
312 WALNUT ST. 28TH FL.
P.O. BOX 5380
CINCINNATI OH 45201
US

Mailing Address
312 WALNUT ST. 28TH FLOOR
P.O. BOX 5380
CINCINNATI OH 45201
US

3. Date Incorporated or Qualified
08/06/1923

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0578327

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	CASTELLINI, DANIEL J.	
STREET ADDRESS	7057 WOODSEGE DR.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WYANT, CORBIN A.	
STREET ADDRESS	320 BOWLINE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURLEIGH, WILLIAM R.	
STREET ADDRESS	5925 ROPES DR	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUPRIONIS, M. DENISE	
STREET ADDRESS	214 REDBUD CT	
CITY-ST-ZIP	LOVELAND OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WOLFZORN, E. JOHN	
STREET ADDRESS	2255 HEATHER HILL BLVD.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCRIPPS, CHARLES E.	
STREET ADDRESS	10 GRANDIN LANE	
CITY-ST-ZIP	CINCINNATI OH	

1.1 TITLE	VID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASTELLINI, DANIEL J.	
1.3 STREET ADDRESS	7057 WOODSEGE DR.	
1.4 CITY-ST-ZIP	CINCINNATI, OH	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HORTON, ALAN M.	
6.3 STREET ADDRESS	39 LOCUST HILL RD.	
6.4 CITY-ST-ZIP	CINCINNATI, OH	

14. I 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, with all other like empowered.

SIGNATURE: *Daniel J. Castellini* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 D. J. CASTELLINI - VICE PRESIDENT 4/20/99 (513) 977-3000
 Date Daytime Phone #

CR2E034 (11/98)