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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:10

DOCUMENT # 731293 (7)

1. Corporation Name  
CHARLOTTE AMATEUR RADIO SOCIETY, INC.

Principal Place of Business Mailing Address  
P O BOX 415 PUNTA GORDA FL 33951 P O BOX 415 PUNTA GORDA FL 33951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1974	3a. Date of Last Report 04/07/1994
4. FEI Number 65-0355578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent  
HOETTELS, WALTER F  
250 DELIDO COURT  
PUNTA GORDA FLORIDA FL 33950

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARAS, BRUNO
STREET ADDRESS	18390 BRIGGS CIR.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D
NAME	KURTZ, LARRY
STREET ADDRESS	2240 BAYVIEW ROAD
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	P
NAME	OBLINGER, RONALD O
STREET ADDRESS	2352 PELLAM BLVD.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	VP
NAME	WEATHERLY, ROBER
STREET ADDRESS	1447 SEA FAN DR.
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	S
NAME	ZABORONAK, ALEXANDER F.
STREET ADDRESS	353 CASALE G. ST.
CITY-ST-ZIP	PORT CHARLOTTE FL 33983
TITLE	D
NAME	JOHNSON, GUICE W.
STREET ADDRESS	150 CRESCENT DR.
CITY-ST-ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHNSON, GUICE W.	
1.3 STREET ADDRESS	150 CRESCENT DR.	
1.4 CITY-ST-ZIP	PUNTA GORDA FL. 33950	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARK OLIPHANT	
2.3 STREET ADDRESS	2813 CHAPMAN BLVD.	
2.4 CITY-ST-ZIP	PUNTA GORDA FL 33950	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REINHOLD J. ZWEIF	
3.3 STREET ADDRESS	4080 HARBOR BLVD.	
3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
4.1 TITLE	TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LARRY KURTZ	
4.3 STREET ADDRESS	2240 BAYVIEW RD.	
4.4 CITY-ST-ZIP	PUNTA GORDA FL 33950	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AL ZABORONAK	
5.3 STREET ADDRESS	353 CASALE ST.	
5.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROGER WEATHERLY	
6.3 STREET ADDRESS	1447SEA FAN DR.	
6.4 CITY-ST-ZIP	PUNTA GORDA FL 33950	

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Reinhold J. Zweif Secy REINHOLD J. ZWEIF 2-16-95 813-764-0517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)