


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731293 (7)
 T. Corporation Name
CHARLOTTE AMATEUR RADIO SOCIETY, INC.



Principal Place of Business P O BOX 415 PUNTA GORDA FL 33951	Mailing Address P O BOX 415 PUNTA GORDA FL 33951
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3. Date Incorporated or Qualified 12/03/1974		
4. FEI Number 65-0355578	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent			
HOETTELS, WALTER F 28033 WESTCHESTER BLVD APT F-207 PORT CHARLOTTE FL 33980			

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 617.0502 and 617.1508, 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 617.0503, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GUICE W.	1.2 NAME	JOHNSON GUICE W.
STREET ADDRESS	150 CRESCENT DR.	1.3 STREET ADDRESS	150 CRESCENT DR
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	PUNTA GORDA FL.
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWEIG, REINHOLD	2.2 NAME	
STREET ADDRESS	4080 HARBOR BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, WYATT	3.2 NAME	
STREET ADDRESS	351 CAPRI ISLES COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGGETT, JOHN D	4.2 NAME	
STREET ADDRESS	250 SPRING LAKE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZABORONAK, AL	5.2 NAME	ZABORONAK AL
STREET ADDRESS	353 CASALE ST	5.3 STREET ADDRESS	353 CASALE ST.
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	PORT CHARLOTTE FL.
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERLY, ROGER	6.2 NAME	WEATHERLY ROGER
STREET ADDRESS	1447 SEA FAN DR	6.3 STREET ADDRESS	1447 SEA FAN DR.
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	PUNTA GORDA FL.

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

SIGNATURE: *John D. Liggett* **REQUIRED** *1/9/98 941-624-0380*

CR2E037 (10/97)