

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741389 (1)
1. Corporation Name
WIRA CHRISTMAS KIDS, INC.



Principal Place of Business
**WPSL RADIO AM 1590
8245 BUSINESS PARK DR.
PORT ST. LUCIE FL 34952
US**

Mailing Address
**WPSL RADIO AM 1590
8245 BUSINESS PARK DR.
PORT ST. LUCIE FL 34952
US**

3. Date Incorporated or Qualified **01/19/1978** 3a. Date of Last Report **08/10/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

4. FEI Number **59-1829834** 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
**BURCHFIELD, ED, W
WPSL RADIO AM 1590
8245 BUSINESS PARK DRIVE
PORT ST. LUCIE FL 34952**

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		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	CLUTTER, PAULINE	
STREET ADDRESS	1463A CAPTAINS WALK	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	IV	<input type="checkbox"/>
NAME	LEWIS, EULA	
STREET ADDRESS	2920 SUNRISE BLVD.	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	T	<input checked="" type="checkbox"/>
NAME	WALINSKI, LEONARD	
STREET ADDRESS	2608 GRAY TWIGLANE	
CITY-ST-ZIP	FT PIERCE FL 34981	
TITLE	S	<input checked="" type="checkbox"/>
NAME	WALINSKI, MARILYN	
STREET ADDRESS	2608 GRAY TWIGLANE	
CITY-ST-ZIP	FT PIERCE FL 34981	
TITLE	BD	<input type="checkbox"/>
NAME	WYATT, GREG & CAROL	
STREET ADDRESS	8245 BUSINESS PARK DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	BD	<input type="checkbox"/>
NAME	WILSON, JANE	
STREET ADDRESS	2125 ESPLANADE WEST	
CITY-ST-ZIP	FT PIERCE FL 34982	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	BD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	ED Burchfield		
1.3 STREET ADDRESS	626 KEARNEY RD		
1.4 CITY-ST-ZIP	FT PIERCE, FL 34982		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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

SIGNATURE: *Ed Burchfield* **7/22/96** **561-340-1590**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)