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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34952-7950 US
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3. Date incorporated or Qualified 01/19/1978	3a. Date of Last Report 07/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1829834	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
85 Zip Code

FL

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	1V	<input type="checkbox"/>
NAME	LEWIS, EULA	
STREET ADDRESS	2920 SUNRISE BLVD.	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	BD	<input type="checkbox"/>
NAME	BURCHFIELD, ED	
STREET ADDRESS	626 KEARNEY ROAD	
CITY-ST-ZIP	FORT PIERCE FL	
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	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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 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 in an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)