

FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90079 046 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 741389

1. Corporation Name
WIRA CHRISTMAS KIDS, INC.

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| 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 |
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| 2. Principal Place of Business 21 8245 Business Park Dr. Suite, Apt. #, etc. | 2a. Mailing Address 26 8245 Business Park Dr. Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 01/19/1978 |
| 22 | 27 | 4. FEI Number 59-1829834 |
| 23 Port St Lucie, FL, USA City & State Zip Country | 28 Port St Lucie, FL, USA City & State Zip Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24 34952 25 USA | 29 34952 30 USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent MCNEIL, GRACE 1302 NEBRASKA AVE BLDG 6 APT B FT. PIERCE FL 34950 | 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 |
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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 Grace McNeil (NOTE: Registered Agent signature required when reinstating) DATE 03/01/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | PD CLUTTER, PAULINE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1463A CAPTAINS WALK | 1.2 NAME | |
| STREET ADDRESS | FT PIERCE FL 34950 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | ST MCNEIL, GRACE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1302 NEBRASKA AVE 6B | 2.2 NAME | |
| STREET ADDRESS | FT. PIERCE FL 34950 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | BDVP BURCHFIELD, ED | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 626 KEARNEY ROAD | 3.2 NAME | |
| STREET ADDRESS | FORT PIERCE FL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | BD WYATT, GREG & CAROL | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 8245 BUSINESS PARK DRIVE | 4.2 NAME | |
| STREET ADDRESS | PORT ST. LUCIE FL 34952 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | BD WILSON, JANE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2125 ESPLANADE WEST | 5.2 NAME | |
| STREET ADDRESS | FT PIERCE FL 34982 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: Grace McNeil SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 03/01/99 DAYTIME PHONE # 561-961-2506

CR2E037 (1/198)