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Feb 04 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 # N34729 (6)
 1. Corporation Name
MANATEE COUNTY RADIO CONTROLLERS, INC.



Principal Place of Business P.O. BOX 546 BRADENTON FL 34206-7546	Mailing Address P.O. BOX 546 BRADENTON FL 34206-7546
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3. Date Incorporated or Qualified 10/17/1989		
4. FEI Number 65-0311349	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

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
THOMPSON, RAYMOND B.
13413 3RD AVE. E.
BRADENTON FL 34202

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 Raymond B. Thompson **Raymond B. Thompson** **1-26-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUKOW, BOB	
STREET ADDRESS	7102 28TH AVE. DR. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NIOLET, ROGER	
STREET ADDRESS	4312 MEADOWLAND CIR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LUKOW, BOB	
STREET ADDRESS	7101 28TH AVE DR WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMPSON, RAYMOND B.	
STREET ADDRESS	13413 3RD AVE. EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUNLAP, GARY	
STREET ADDRESS	4114 65 ST EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNLAP, GARY	
STREET ADDRESS	4114 65TH STREET EAST	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Randy Boatman	
1.3 STREET ADDRESS	710 17th Ave. West	
1.4 CITY-ST-ZIP	Palmett, FL 34221	
2.1 TITLE	Fred M. Staudaher.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	7505 52nd Terrace East	
2.3 STREET ADDRESS	Bradenton, FL 34203	
2.4 CITY-ST-ZIP		
3.1 TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dick Coles	
3.3 STREET ADDRESS	2010 19th Ave. W.	
3.4 CITY-ST-ZIP	Bradenton, FL 34205	
4.1 TITLE	2nd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Charles R. Johnson	
4.3 STREET ADDRESS	13413 3rd Ave. E.	
4.4 CITY-ST-ZIP	Bradenton, FL 34202-9536	
5.1 TITLE	Chairman of Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bob Lukow	
5.3 STREET ADDRESS	7102 28th Ave, Dr. W.	
5.4 CITY-ST-ZIP	Bradenton, FL 34209	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: Raymond B. Thompson **Raymond B. Thompson** **1-26-98** **941 744-2625**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (10/97)