May 13, 1999 8:00 am Secretary of State

05-13-1999 90025 008 \*\*\*150.00

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H67353**

1. Corporation Name

Principal Place of Business

NAME

STREET ADDRESS

CITY-ST-ZIP

RADIO MARKETING, INC.

% C.P. FAZIO 751 WILLIAMS I WINTER PARK F		% C.P. FAZIO 751 WILLIAMS DRIVE WINTER PARK FL 32789-1460			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/17/1985						
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		-	App	lied For	
21		26				59-2576769	Not Applicable				
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees				
Zip	Country	Zip				8. This corporation owes the curre	ent year Inta	ngible			
24	25	<u></u>	29 30			Personal Property Tax.					
	9. Name and Address of Curr					10. Name and Address of New R	egistered A	gent			
			8	1	Name						
	O, CHARLES P. WILLIAMS DRIVE		8	2	Street Addre	ress (P.O. Box Number is Not Acceptable)					
. WINT	ER PARK FL 32789		8	3		, , , , , , , , , , , , , , , , , , ,					
	•		8	14	City	<u> </u>	FI	85	Zip C	ode	
SIGNATURE	m familiar with, and accept the obli-	gent and title if applicable (NOTE	: Registered A		signature required	when reinstating)  ADDITIONS/CHANGES TO OF	DATE EICEDS AN	n nie	ECTO	2S IN 12	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			Addition	
TITLE	PS		1.1 (HC)							<b>G</b>	
NAME	FAZIO, C.P.				4 PPDCCCC						
STREET ADDRESS	751 WILLIAMS DRIVE				ADDRESS						
CITY-ST-ZIP				1.4 CITY-ST-ZIP				ПС	nange	Addition	
TITLE	D			2.2 NAME							
NAME	Fazio, C P 751 Williams Drive	·			ADDRESS						
STREET ADDRESS			2.4 CITY								
CITY-ST-ZIP	F		3.1 TITLE		-211			☐ CH	ange	Addition	
NAME	FAZIO, VIOLA	**		3.2 NAME							
STREET ADDRESS	751 WILLIAMS DR	<b>DR</b> 3.3 S		3.3 STREET ADDRESS							
CITY-ST-ZIP	converse a card El		3.4. CIT	/-ST	-ZiP						
TITLE		☐ DELETE	4.1 TITLE	Ξ.				☐ Ct	ange	Addition	
NAME			4, 2 NAM	Æ	-						
STREET ADDRESS			43 STRI	EET	ADDRESS						
CITY-ST-ZIP			4.4 CITY	-st-	-ZIP		-	-			
TITLE		☐ DELETE	5.1 TITLE					CI	ange	Addition	
NAME			5.2 NAM								
STREET ADDRESS			1		ADDRESS						
CITY-ST-ZIP		r-1 a	5.4 CITY		-ZIP					☐ Addition	
TITLE		☐ DELETE	6.1 TITL	=					lange	☐ Addition	

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 607. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: