

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 191884 (6)  
1. Corporation Name  
FLORIDA KEYS BROADCASTING CORPORATION



Principal Place of Business 1519 JOHNSON STREET KEY WEST FL 33040	Mailing Address 1519 JOHNSON STREET KEY WEST FL 33040-4927
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1956		3a. Date of Last Report 04/26/1996	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 59-0856097		Applied For Not Applicable	
22 City & State	27	28 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24				28			

9. Name and Address of Current Registered Agent SWOFFORD, SUE 1519 JOHNSON STREET KEY WEST FL 33040				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 FL				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	NAME	ARTMAN, GREGORY	1.1 TITLE		1.2 NAME	
STREET ADDRESS	2414 FLAGLER	CITY-ST-ZIP	KEY WEST, FL 00000	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	PD	NAME	SWOFFORD, GAYLE	2.1 TITLE		2.2 NAME	
STREET ADDRESS	1519 JOHNSON ST.	CITY-ST-ZIP	KEY WEST, FL 00000	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	VD	NAME	SWOFFORD, SUE	3.1 TITLE		3.2 NAME	
STREET ADDRESS	1519 JOHNSON ST.	CITY-ST-ZIP	KEY WEST, FL 00000	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

4-11-97 3052966844

CR2E034 (9/96)