FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 233334 (2)									
LINCO	LN RADIO & TELEVISION S	SERVICE, INC.							
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Principal Place	of Business	Mailing Address	Mailing Address			-	III GADA DARA DAD	i i i i i i i i i	fall bibli bibli iaa
4720 N. FEDERAL HWY FT. LAUDERDALE FL 33308 US		4720 N. FEDERAL HWY FT. LAUDERDALE FL 33308 US							
					 Date Incorporated or Qualified 02/15/1960 		Oate of Last Report 04/04/1995		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For	
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.			59-1322896	Not Applicable \$8.75 Additional		
22		27		5. Certificate of Status Desired			/ O Additional se Required		
City & State)	City & State			6. Election Campaign Financing			.00 May Be	
23 Zip	Country	28	······································			Trust Fund Contribution			ded to Fees
24	Country Zip Country 25 29 30			1		8. This corporation has liability for Florida Statutes	r intangible ta s	x under	s 199.032,
	9. Name and Address of Current Registered Agent					10. Name and Address of New		Agent	
			81	7	Name			-	
PANNUCCI, JAMES S			82	1	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
4720 N. FEDERAL HWY.			83	-	·	· · · · · · · · · · · · · · · · · · ·			
FT. LAUDERDALE FL 33308			63						
			84	7 7	City		FI	85	Zip Code
11. Pursuant to	o the provisions of Sections 607,0502 ed agent, or both, in the State of Flori	and 607.1508, Florida Statute	s, the above-	nan	ned corporal	tion submits this statement for the pr	rpose of cha	nging it	s registered office
familiar wit	h, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.	a by the corp	xora	ition s board			register	red agent. I am
SIGNATURE &	James S. Pannucc Signature, typical or printed name of regist rect agent	i	عمروا والراوي			4/29/9			
12.	OFFICERS AN		E. Brigstered Ager	N SI	grature required v	ADDITIONS/CHANGES TO OF	DATE EICERS AND	DIBEC.	TORS IN 12
TITLE	D	_		1. 1 TITLE		750000000000000000000000000000000000000		Change	
NAME	CAPUTO, BARBARA	•		1.2 NAME					
STREET ADDRESS	5300 N.E. 24 TERR. C335	· · · · - · - · · · · · · · · · · · · ·		1.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE, FL0000			1.4 CiTY-ST-ZIP					
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STREET ADDRESS	PANNUCCI, JAMES S 5300 N.E. 24 TERR. C336		2.2 NAME 2.3 STREET ADDRESS		DDECO				
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NAME			3.2 NAME					-	_
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CITY-SI-ZIP			4.3 STREET						
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NAME		₽ ,2 * * * * * * * * * * * * * * * * * * *	5.2 NAME				_	, change	- Landings
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CITY-ST-ZIP			5.4 CH1Y - S		1				
TITLE		DELETE	6. 1 TITLE				Ĺ] Change	e 🔲 Addition
NAME			6.2 NAME						
STREET ADDRESS			63 STREET	ADI	ORESS				

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 SIGNATURE AND VERY OF BEILD OF STATE O

4/29/96 772.3016