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 256827 **DOCUMENT #**

(7)

1. Corporation Name

OKEECHOBEE BROADCASTERS INC

FILED Apr 23 1996 8:00 am Secretary of State



Principal Place	e of Business	Mailing Address				
3101 SO HWY 441 P.O. BOX 1247 OKEECHOBEE FL 34974		P.O. BOX 1247	3101 SO HWY 441 P.O. BOX 1247 OKEECHOBEE FL 34974			
					3. Date Incorporated or Qualified 03/12/1962	3a. Date of Last Report 05/01/1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-0950644	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State	*		6. Election Campaign Financing	\$5.00 May Bo
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	
24	25	[29]	30		Florida Statutes Yes	
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Re	egistered Agent
STOKES	S,WILLIAM A.		6'	Name		
2100 S.	.W. 24TH AVENUE.		82	Street Add	ress (P.O. Box Number is Not Acceptable	9)
OKEEC	HOBEE FL 34974		83			
			84	City		85 Zip Code
			1 1	•		
11. Pursuant t or register	to the provisions of Sections 607.050; red agent…or both, in the State of Flow	2 ang 1607,1508, Florda Sta ida, Such oftinge was autho	itutes, the above n	amed corpo	ration submits this statement for the purp ard of directors. I hereby accept the appo	oose of changing its registered office
familiar wit	th, and lovery he obligations of Soc	tion 60 7 0605, T landa Statu	ites.	Janor S Eloc	and or directors. Thereby accept the appo	antinent as registered agent. Fam
SIGNATURE _	Villiam /1.	Mokes				4/11/96
	Signature, typed or printed name of registered agen	Land title if applicable	(NOTE: Registered Agent	signature require		TOATE *
TITLE	PD OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
NAME	STOKES, RICHARD A	[] DELETE	1, 1 TITLE]		Change Addition
	3103 SE 25TH STREET		1.2 NAME	i		
STREET ADDRESS	OKEECHOBEE FL		1.3 STREET			
CITY-ST-ZIP TITLE	CD	DELETE	1.4 CITY - ST	- ZIP		
NAME	STOKES, WILLIAM A	[] DECE 1E	2 1 TITLE			Change Addition
	2100 S.W. 24TH AVENUE.		22 NAME			
STREET ADDRESS	OKEECHOBEE, FL 00000		23 STREET	Į.		
CITY-ST-ZIP TITLE	D	☐ DELETE	2.4 CITY-ST	- ZiP		
NAME	STOKES, CALLIE MAE	☐ percir	3. 1 TITLE			Change Addition
STHEE! ADDRESS	2100 S.W. 24TH AVENUE.		3.2 NAME			
	OKEECHOBEE, FL 00000		3.3 STREET	1		
CITY-ST-ZIP TITLE	VPD	DELETE	3.4 CITY - ST	- ZIP		
NAME	STOKES, WILLIAM R	Dottett	4. 1 TITLE			Change Addition
STREET ADDRESS	13130 FAMINGO DRIVE		4.2 NAME	DOUE DO		
CITY-ST-ZIP	HOBE SOUND FL		4.3 STREET A			
TITLE	SD	☐ DELETE	44 CHTY-ST 5 1 THILE	- ZIP		Change Addition
NAME	MEEKS, SHARON L	Doctor	5 2 NAME			Change Addition
STREET ADDRESS	6245 6TH STREET			opores		
CITY-S1-ZIP	VERO BEACH FL 32962		5.3 STREET A			
Tillf		DELETE	5.4 CITY-ST	-ZIP		Change Cladder
NAME I		Porte	6 1 TITLE			Change Addition
STREET ADDRESS			6 2 NAME	Pancae		
			6.3 STREET A			
CITY-ST-ZIP	L		6 4 CITY - ST	- ZIP		

14. I do hereby certify that the information supplied with this filing 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 13 if changed on an auxiliary in an address.

SIGNATURE: 4

RICHARD A. STOKES