

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

FILED
Feb 17 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 # **299812** (8)

1. Corporation Name

FLA T V INC

Principal Place of Business

1400 S BAY ST
EUSTIS FL 32726

Mailing Address

1400 S BAY ST
EUSTIS FL 32726-5553



3. Date Incorporated or Qualified 12/16/1965	3a. Date of Last Report 02/13/1996
4. FEI Number 56-0856192	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

O'BERRY, JACK M.
1400 S. BAY
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name **MARTY LEE O'BERRY**
82 Street Address (P.O. Box Number is Not Acceptable)
1400 S. BAY ST.
83
84 City **EUSTIS** FL 85 Zip Code **32726**

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

Marty L. O'Berry
Signature of person or printed name of registered agent and fee if applicable

MARTY LEE O'BERRY

1-17-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'BERRY, JACK M.	
STREET ADDRESS	1400 S. BAY	
CITY - ST - ZIP	EUSTIS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	O'BERRY, WANDA O.	
STREET ADDRESS	1400 S. BAY	
CITY - ST - ZIP	EUSTIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	O'BERRY, MARTY LEE	
STREET ADDRESS	1400 S. BAY	
CITY - ST - ZIP	EUSTIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARTY LEE O'BERRY	
1.3 STREET ADDRESS	1400 S. BAY ST	
1.4 CITY - ST - ZIP	EUSTIS, FL. 32726	
2.1 TITLE	VP STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WANDA O. O'BERRY	
2.3 STREET ADDRESS	1400 S. BAY ST.	
2.4 CITY - ST - ZIP	EUSTIS, FL. 32726	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LESLIE KAY KELLEY	
3.3 STREET ADDRESS	770 BAY RD.	
3.4 CITY - ST - ZIP	MOUNT DORA, FL. 32757	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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: *Marty L. O'Berry* **MARTY LEE O'BERRY** 1-17-97 352-3573087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)