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

**PROFIT CORPORATION ANNUAL REPORT** 1997

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 497677

(5)

TV ANTENNA SYSTEMS, INC.

FILED									
Feb	11	1997	8:00am						
Se	cre	etary c	of State						



1 2.97 (2NE) 2UK-2777

Principal Place of Business 16071 SW 254 STREET HOMESTEAD FL 39031		Mailing Address 16701 S.W. 254 STREET HOMESTEAD FL 33031 US						
US		08			3. Date Incorporated or Qualified 02/25/1976		e of Last 6 <b>8/1996</b>	Report
	lace of Business	2a. Mailing Address			4. FEI Number		Α	pplied For
21		26			59-1650598		N	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27 C+ B C+++						lequired
City & Stat	ө	City & State			6. Election Campaign Financing	<b>X</b>		May Be
Zip	Country	28 Zip	Country		Trust Fund Contribution			to Fees
24	25	29	30		8. This corporation has liability for in Florida Statutes	ntangible t Yes		s. 199.032,
24	9 Name and Address of Curre		1301		10. Name and Address of New Re			
100	VRY, ROBERT		81	Name	10.	•	<u>~</u>	
	71 S.W. 254 STREET		-	0	(0.0 B. N	1-8		
	MESTEAD FL		82	Street Ad	ddress (P.O. Box Number is Not Acceptab	ne)		
,,,,,	**************************************		83			·		
			84	City		FL	<b>85</b> Zip	Code
agent. I a SIGNATURE	im familiar with, and accept the oblig				ration's board of directors. I hereby acception and the second of directors.	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	PV	☐ DELETE	1.1 TITLE	1	9		Change	Addition
NAME	LOWRY, ROBERT		1.2 NAME	j				
STREET ADDRESS	16071 SW. 254 ST.		1.3 STHEET	ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY - S	T - <b>Z</b> IP				
TITLE	STD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	LOWRY, LINDA H		22 NAME					
STREET ADDRESS	16071 S.W. 254 ST.		2 3 STREET	ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL	TT or eve	2 4 CITY-	S1 - ZIP	<u>,</u>		7	<b>5</b> 7
TITLE		☐ DELETE	3 1 1 I I I L E	· ·	ALLON BYAN M		Change	Addition
NAME			3.2 NAME	L	OWRY, RYAN M.			
STREET ADDRESS			3 3 STREET	ADDRESS	HOMESTEAD FL			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-1	ST-ZIP	HOWESTERD LE		Change	Addition
NAME			4.2 NAME			Į.	c.idingb	
STREET ADDRESS			4.2 NAME	Annress				
CITY-ST-ZIP			4.3 STREET	1				
TITLE		DELETE	5 1 1IILE	71 - 611			Change	Addition
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STHEET	ADDRESS				
CITY-ST-ZIP			54 CITY-S	]				
TITLE		DELETE	61 THILF	-			Change	☐ Addition
NAME			62 NAME	1			,	
STREET ADORESS			63 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY- S	ł				
	by certify that the information supplied	ad with this filing does not gur			ted in Section 119.07(3)(i), Florida Statute	s I further	certify tha	t 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 Romer Linna H LOWDY