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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 550301

1. Corporation Name

ROBERS	ON AIR, INC.								
Principal Plac	e of Business	Mailing Address							
2045 BROWARD AVENUE 2045 BROWARD AVE			Ē						
WEST PALM B	EACH FL 33407	WEST PALM BEACH FL 3	3407			DO NOT WRITE IN	THIS	SPACE	
						3. Date Incorporated or Qualifed	11113	TAOL_	
						10/31/1977			
2 Dringing D	lace of Business	2a. Mailing Address				4, FEI Number		TT7	Applied For
∹ '	lace of business	26				59-1774000			Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	Additional
_	m, etc.	27				5. Certificate of Status Desired		Feef	Re <sub>'</sub> µuired
City & 5 tat	e	City & State				6. Electic n Campaign Financing		\$5.0	0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current y	ear Inta	ngible	
.4	25	29	30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curre	n: Registered Agent				10. Name and Address of New Regis	tered A	igent	
				81	Name				
	INSTON, HARRY A.,II			82 Street Ade		ress (P.O. Box Number is Not Acceptable)			
	5 BROWARD AVENUE								
WES	ST PALM BEACH FL 33407			83					
				84	City			85 Zip	p Code
				04	City		FL		
SIGNATURE	Signature, typed or printed nome of registered ag	and title if applicable (NOT E: Regist  D DIRECTORS		d Agent s	ignature req iire	ADDITIONS/CHANGES TO OFFICE	RS AN	D DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 T	1.1 TITLE				Change	e
NAME	ROBERSON, CLIVE E.		1.2 N	AME	ļ				
STREET ADDRESS	135 EL MIRASOL DR		1.3 S	TREET A	ODRESS				ı
CITY-ST-ZIP	PALM BEACH FL		140	ITY-ST-Z	IP				
TITLE	VD	☐ DELETE	2.1 T	ITLE				Change	e 🔲 Addition
NAME	ROBERSON, CAROLYN		2.2 N	AME	}				
STREET ADDRESS	135 EL MIRASOL DR		2.3 S	TREET A	DDRESS				
CITY-ST-ZIP	PALM BEACH FL	. <u>.                                   </u>	2.40	CITY-ST-	ZIP				
TITLE		☐ DELETE	3.1 ⊤	TLE	Į			Change	e 🔲 Addition
NAME			3.2 N	IAME					
STREET ADDRESS			3.3 S	TREET A	DORESS				
CITY-ST-ZIP				CITY-ST-	ZIP				e
TITLE		☐ DELETE	4.1 T		}			Change	- Magnion
NAME				NAME					
STREET ADDRESS			- 1	STREET A					
CITY-ST-ZIP		( ) pp. 575		OTY-ST-Z	ZIP			Chang	e Addition
TITLE		☐ DELETE	51T					□ onang	
NAME				IAME	DDDESS				
STREET ADDRESS				TREET A					
CITY-ST-ZIP				TTLE			—-	☐ Chang	e Addition
TITLE				IAME	-				
NAME				STREET A	DORESS				
STREET ADDRESS				XTY-ST-7					
CITY-ST-ZIP	1		0.4		)				

14. I 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 empswered to execute this report as recuired 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, with all other like empowered.

SIGNATURE: