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PRÖFIT CORPORATION ANNUAL REPORT

1997



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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 607269

(8)

WBAR RADIO, INC.

FILED Jan 29 1997 8:00am Secretary of State

1355 MAPLE A PO BOX 820 BARTOW FL 3:		Mailing Address P.O. BOX 322 PO BOX 620 MATTOON IL 61838-0620 US			3. Date incorporated or Qualified 01/19/1979 04/29/1996 4. FEI Number Applied For				
21		26				59-1930642			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	OBO	X	820	5. Certificate of Status Desired		T	Additional Required
City & Stat	e	City & State	⊢ ′			6. Election Campaign Financing			
23	Country	Zip Delite	T 000		-	Trust Fund Contribution			to Fees
Zip 24		<u> </u>	Cour	ury		8. This corporation has liability for	intangible i	_	s. 199.032,
24	25] 9. Name and Address of Curren		[30]			Florida Statutes 10. Name and Address of New R		-	
CUII	RLEY L. HERRINGTON	it riogistorou Agont		81	Name	10. Itamo and Address of Itaw It	ogistorou A	gent	
	MAPLE AVE								
	RTOW FL 33830			82	Street Add	Bress (P.O. Box Number is Not Accepta	ible)		
יואט	11011 12 33030		ŀ	83					
				4					
				84	City		FL	85 Zip	Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typeo or printed name of registered age	of Florida Such change was ations of, Section 607.0505, Fl ox and title it applicable (NOI	authorized lorida Statu IE: Registered	by utes.	the corpora	poration submits this statement for the stion's board of directors. I hereby acce ared when reinstating)	DATE	ointment a	is registered
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 7(1)	١ŧ				☐ Change	Addition
NAME	JAMES R. LIVESAY, II		1.2 NA	ME					
STREET ADDRESS	67 WABASH		1.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	MATTOON IL	DULLE	1.4 CITY		- ZIF			<u> </u>	F Lake to the
TITLE	SD Shirley L. Herrington	☐ DELETE	2.1 1171.6		İ			Change	Addition
NAME	1355 MAPLE AVE			2.2 NAME					
STREET ADDRESS CITY-ST+ZIP	BARTOW FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP						
TITLE	DATIONTE	DELETE	3.1 TII		1-211			Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			0.2.1.		ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP						
TITLE	DELETE		4.1 111					Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 \$16	REE1 A	ADDRESS				
CITY-ST-ZIP	_		4.4 CIT	Y - S1	- ZIP				
TITLE	☐ DELETE		5.1 117	5.1 TITLE				Change	Addition
NAME			5.2 NA	M€					
STREET ADDRESS			5.3 ST	REET A	ADDRESS				
CITY-ST+ZIP			5.4 CIT		- ZIP				
TITLE		☐ DELETE		6.1 TATLE				L Change	Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	by cartify that the information symplic	d with this filing does not avail	6.4 CIT			d in Section 119.07(3)(i), Florida Statut	on I fumber	portificates	al the
informatic	on indicated on this annual report or s	supplemental annual report is t the receiver or trustee empoy	true and a vered to ex	CCUL	ale and tha	at my signature shall have the same legort as required by Chapter 607, Florida	ial effect as:	if made u	inder oath; that rname

SHIRLEY L. HERRINGTON 1/1.197