

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727142 (2)
 1. Corporation Name
ORLANDO AMATEUR RADIO CLUB, INCORPORATED



Principal Place of Business 1407 JUNE STREET ORLANDO FL 32807-3629 US	Mailing Address P.O. BOX 3262 ORLANDO FL 32802 OK
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3. Date incorporated or Qualified 08/08/1973	4. FEI Number 23-7272924	Applied For <input type="checkbox"/> Yes <input checked="" 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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 931 RED OAK CT Suite, Apt. #, etc. 22	2a. Mailing Address 26
City & State 23 ORLANDO FL	City & State 27
Zip 24 32809	Country 25

9. Name and Address of Current Registered Agent
ZIELINSKI, STEVE
1407 JUNE STREET
ORLANDO FL 32825

10. Name and Address of New Registered Agent
 81 Name **ROBERT J. NOCERO**
 82 Street Address (P.O. Box Number is Not Acceptable)
3709 PELICAN LANE
 83
 84 City **ORLANDO, FLORIDA** FL 85 Zip Code **32803**

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE: *[Signature]* DATE: **July 15, 1998**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	NAME RADICE, CYNTHIA B	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1407 JUNE ST	CITY-ST-ZIP ORLANDO FL	
TITLE V	NAME NELSON, WAYNE	<input type="checkbox"/> DELETE
STREET ADDRESS 1517 NAVADO AVE	CITY-ST-ZIP ORLANDO FL	
TITLE S	NAME ZIELINSKI, STEVE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1407 JUNE STREET	CITY-ST-ZIP ORLANDO FL	
TITLE D	NAME CHRISTENSON, KENNETH J	<input type="checkbox"/> DELETE
STREET ADDRESS 1540 SILVER FOX CIRCLE	CITY-ST-ZIP APOPKA FL 32712	
TITLE D	NAME JOHNSON, NEIL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2550 RIO PINAR LAKES	CITY-ST-ZIP ORLANDO FL	
TITLE T	NAME STARR, TIM	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 931 RED OAK CT	CITY-ST-ZIP ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	1.2 NAME TIM STARR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 931 RED OAK CT	1.4 CITY-ST-ZIP ORLANDO FL 32809	
2.1 TITLE /	2.2 NAME /	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS /	2.4 CITY-ST-ZIP /	
3.1 TITLE SEC	3.2 NAME NOCERO, ROBERT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.3 STREET ADDRESS 3709 PELICAN LN	3.4 CITY-ST-ZIP ORLANDO FL 32803	
4.1 TITLE /	4.2 NAME /	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS /	4.4 CITY-ST-ZIP /	
5.1 TITLE D	5.2 NAME BOUCHER, MARK	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS 7338 MARSEILLE DR	5.4 CITY-ST-ZIP ORLANDO FL 32822	
6.1 TITLE T	6.2 NAME TROSSER, HAROLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS 1017 GAMMAGE PT	6.4 CITY-ST-ZIP OVIDO FL 32765	

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: *[Signature]* **Tim Starr** 7/11/98 407-850-9258
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)