

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736137 (1)

1. Corporation Name

METROPOLITAN REPEATER ASSOCIATION, INC.



Principal Place of Business

P. O. BOX 2735
PINELLAS PARK FL 34664-2735

Mailing Address

P. O. BOX 2735
PINELLAS PARK FL 34664-2735

3. Date Incorporated or Qualified
06/17/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1708975

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WAYNE O.
5420 CENTRAL AVENUE
ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KATES, ROBERT J	
STREET ADDRESS	8360 58TH ST N	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOYD, BOBBIE	
STREET ADDRESS	2056 VALLEY DR	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BAUSTERT, GEORGE	
STREET ADDRESS	5037 88TH AVE N	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DENNIS, JANICE	
STREET ADDRESS	4330 86TH LANE N.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FISHER, RONALD E	
13 STREET ADDRESS	8464 HOLLYHOCK AVE	
14 CITY - ST - ZIP	SEMINOLE FL 34647	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	STROUP, HELEN	
23 STREET ADDRESS	905 64TH ST. W.	
24 CITY - ST - ZIP	BRADENTON FL. 34209	
31 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MARTIN, DOUGLAS	
33 STREET ADDRESS	7982 POWDERHORN CIR.	
34 CITY - ST - ZIP	LARGO FL 34643	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BOYD, JOHN	
43 STREET ADDRESS	2056 VALLEY DR	
44 CITY - ST - ZIP	DUNEDIN FL. 34618	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	STROUP, GUY	
53 STREET ADDRESS	905 64TH ST. W.	
54 CITY - ST - ZIP	BRADENTON FL. 34209	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ronald E Fisher President

March 19, 1996 813 623 3731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)