FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 736137

1. Corporation Name

(1)

METROPOLITAN REPEATER ASSOCIATION, INC.

City & State Country Zip Country Zip Country Signature Country Signature Signature Country Signature Signature Country Signature	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1708975 21 26 59-1708975 25 59-1708975 25 59-1708975 25 27 27 27 27 27 28 28 29 30 28 29 30 28 29 30 20 20 20 20 20 20 20	
Suite, Apt. #, etc.	
Suite, Apt. #, etc. Suite, Apt. #, etc.	Applied For
City & State Country Zip Country Zip Country Zip Country R. This corporation has liability for Intanglible tax Add Florida Statutes 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 83 Street Address (P.O. Box Number is Not Acceptable) 544 City FL 85 City State 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 changin office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent. I am Stanlier with, and accept the obligations of, Section 617.0503, Florida Statutes SIGNATURE SIGNATURE SIGNATURE SIGNATURE Signature. Lyped or privad name of regulatered agent and title 4 applicable OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Thill PD RISHER, RONALD E SIRBER ADDRESS SEMINOLE FL SIRBER ADDRESS SEMINOLE FL SIRBER ADDRESS SEMINOLE FL SIRBER ADDRESS SEMINOLE FL SIRBER ADDRESS STROUP, HELEN SIRBER ADDR	Not Applicable
Trust Fund Contribution	Additional Required
ZIP Country Zip Country Zip Country Sip S. This corporation has flability for intangible tax under 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 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Z 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 changin 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 obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or prized name of registered agent and title 4 applicable (NOTE Registered Agent algority required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS 50371 881th AVE STREET ADDRESS 8484 HOLLYHOCK AVE 13. STREET ADDRESS 50371 881th AVE STREET ADDRESS 905 64TH ST W STREET ADDRESS 12 AUTH-ST-ZIP PINELLAS PARK, FL 3378 CITY-ST-ZIP BRODENTON FL	D May Be I to Fees
SMITH, WAYNE O. 5420 CENTRAL AVENUE ST. PETERSBURG FL 33701 84 City FL 85 Z 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 changin office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes SIGNATURE SIGNATURE SIGNATURE PD WELLER AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT 14. ITITLE PD WELLAS PARK, FL 3378 TILLE STREET ADDRESS SEMINOLE FL STREET ADDRESS STROUP, HELEN STREET ADDRESS STROUP, HELEN STREET ADDRESS STREE	
SMITH, WAYNE 0. 5420 CENTRAL AVENUE ST. PETERSBURG FL 33701 84 City FL 85 Z 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 changin 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATU	
5420 CENTRAL AVENUE ST. PETERSBURG FL 33701 83 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 changin 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNAT	
ST. PETERSBURG FL 33701 84 City FL 85 Z 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 changin 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE S	
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 changin 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 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 ITILE PD RISHER, RONALD E STREET ADDRESS 8484 HOLLYHOCK AVE 1.3 STREET ADDRESS 8484 HOLLYHOCK AVE 1.3 STREET ADDRESS 8484 HOLLYHOCK AVE 1.4 CITY-SI-ZIP SEMINOLE FL 1.4 CITY-SI-ZIP PINELLAS PARK, FL 3.378 Change STROUP, HELEN 2.2 NAME STROUP, HELEN 2.3 STREET ADDRESS 8360 SSTILLST PINELLAS PARK, FL 3.378 Change CITY-SI-ZIP BRODENTON FL CHARGE CITY-SI-ZIP PINELLAS PARK, FL 3.378 CHARGE C	
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 changin 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 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 eignature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE PD ACTIVITY—ST-ZIP SEMINOLE FL STROUP, HELEN S	
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 changin 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 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 bits of applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT ITILE PD RISHER, RONALD E SIRRET ADDRESS SIRRET ADDRESS SEMINOLE FL STROUP, HELEN	Code
SIGNATURE Signature, typed or printed name of registered agent and vitle if applicable. (NOTE Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TITLE PD RISHER, RONALD E SIREET ADDRESS 8484 HOLLYHOCK AVE CITY-ST-ZIP SEMINOLE FL 1.1 STREET ADDRESS SEMINOLE FL 1.2 NAME 1.3 STREET ADDRESS SEMINOLE FL 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3.78 CATES, ROGERT STREET ADDRESS STREE	its registered
SIGNATURE Signature, typed or printed name of registered agent and vite if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TITLE PD RISHER, RONALD E SIREET ADDRESS 8484 HOLLYHOCK AVE CITY-SI-ZIP SEMINOLE FL 1.1 STREET ADDRESS STROUP, HELEN STROUP, HELEN SIREET ADDRESS STROUP, HELEN STRO	beretaiger a
Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent algorature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT 17. TITLE PD RISHER, RONALD E STREET ADDRESS CITY-SI-ZIP SEMINOLE FL 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-SI-ZIP SEMINOLE FL 1.4 CITY-SI-ZIP PINELLAS PARK, FL 3.78 Change STROUP, HELEN STROUP, HELEN STREET ADDRESS SOS STREET ADDRESS	
TITLE PD MODELETE 1.1 TITLE PD MODELETE 1.2 NAME RISHER, RONALD E 1.2 NAME STREET ADDRESS 8484 HOLLYHOCK AVE 1.3 STREET ADDRESS 5037 8874 AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CANAME STROUP, HELEN 2.2 NAME STROUP, HELEN 2.3 STREET ADDRESS 905 64TH ST W 2.3 STREET ADDRESS 8360 5874 ST CITY-ST-ZIP BRODENTON FL	
NAME SIREET ADDRESS STROUP, HELEN STROUP,	***************************************
STREET ADDRESS 8484 HOLLYHOCK AVE CITY-ST-ZIP SEMINOLE FL TITLE STROUP, HELEN STROUP, HELEN STREET ADDRESS STREET ADDRESS ACTITY-ST-ZIP BRODENTON FL STREET ADDRESS SO 37 88 TH AVE 1.3 STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 88 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 8 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 8 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 8 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 8 TH AVE 1.4 CITY-ST-ZIP PINELLAS PARK, FL 3378 CONTACT STREET ADDRESS SO 37 8 TH AVE CONTACT STREET ADDRESS SO 37 8 TH AVE CONTACT STREET ADDRESS SO 37 8 TH AVE CONTACT STREET ADDRESS	Addition
CITY-SI-ZIP SEMINOLE FL 1.4 CITY-SI-ZIP PINELLAS PARK, FL 3378	
TITLE S PROPRIETE 21 TITLE S CHANGE NAME STROUP, HELEN 22 NAME KATES ROSERT STREET ADDRESS 905 64TH ST W 23 STREET ADDRESS 8360' 587" ST CITY-ST-ZIP BRODENTON FL 2.4 CITY-ST-ZIP PINELLAS PARK, FL 3378	,
NAME STROUP, HELEN SIREET ADDRESS 905 64TH ST W CITY-ST-ZIP BRQDENTON FL 22 NAME 23 STREET ADDRESS 8 3 GO 5 ST ST 2.4 CITY-ST-ZIP PINELLAS PARK, FL 3378	☐ Addition
CITY-ST-ZIP BRODENTON FL 2.4 CITY-ST-ZIP PINELLAS PARK, FL 3378	
CITY-ST-ZIP BRODENTON FL 2.4 CITY-ST-ZIP PINELLAS PAPK, FL 3378	
TITLE T DELETE 3.1 TITLE T DECHANGE MARTIN, DOUGLAS 3.2 NAME ADAMS GRRY STREET ADDRESS 7982 POWERHORN CIR 3.3 STREET ADDRESS 1.2466 MONTARA DR	/
NAME MARTIN, DOUGLAS STREELADIRESS 7982 POWERHORN CIR 32 NAME ADAMS, GRRY 33 STREET ADDRESS 12466 MONTARA DR	Addition
STREET ADDRESS 7982 POWERHORN CIR 23 STREET ADDRESS 2466 MONTARA VI	
TOTAL	
CITY-ST-7IP LARGO FL 3.4 CITY-ST-ZIP LARGO, FL	
TITLE D Chang	
NAME BOYD, JOHN STREET ADDRESS 2056 VALLEY DR L DELETE 41 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 50 37 88 TH AVE	Addition
STREET ADDRESS 2056 VALLEY DR 4.3 STREET ADDRESS CO37 88 THE CITY-S1-ZIP DUNEDIN FL 4.4 CITY-S1-ZIP PINELLAS PARK, FL 3:37	Addition
	Addition
	82_
	Addition
STREET ADDRESS 905 64TH ST W 53 STREET ADDRESS 64 TH ST W 64 CMY-ST-ZIP BRADENTON FL 34209	82_

14. I do 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 changed, or or an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 5.2 NAME

DELETE

SIGNATURE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

.....

(8/3) 544-1214 Degrine Phone 4 0052103

FILED

May 16 1997 8:00am

Secretary of State