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May 16 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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

Mailing Address

P. O. BOX 2735
PINELLAS PARK FL 33780

P. O. BOX 2735
PINELLAS PARK FL 33780-2735



| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/17/1976 | | 3a. Date of Last Report 04/01/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1708975 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 1.1 TITLE | PD |
| NAME | RISHER, RONALD E | 1.2 NAME | BAUSTERT, NATALIE |
| STREET ADDRESS | 8484 HOLLYHOCK AVE | 1.3 STREET ADDRESS | 5037 88TH AVE |
| CITY-ST-ZIP | SEMINOLE FL | 1.4 CITY-ST-ZIP | PINELLAS PARK, FL 33782 |
| TITLE | S | 2.1 TITLE | S |
| NAME | STROUP, HELEN | 2.2 NAME | KATES, ROBERT |
| STREET ADDRESS | 905 64TH ST W | 2.3 STREET ADDRESS | 8360 158TH ST |
| CITY-ST-ZIP | BRADENTON FL | 2.4 CITY-ST-ZIP | PINELLAS PARK, FL 33781 |
| TITLE | T | 3.1 TITLE | T |
| NAME | MARTIN, DOUGLAS | 3.2 NAME | ADAMS, GARY |
| STREET ADDRESS | 7982 POWERHORN CIR | 3.3 STREET ADDRESS | 12466 MONTARA DR |
| CITY-ST-ZIP | LARGO FL | 3.4 CITY-ST-ZIP | LARGO, FL |
| TITLE | D | 4.1 TITLE | TR |
| NAME | BOYD, JOHN | 4.2 NAME | BAUSTERT, GEORGE |
| STREET ADDRESS | 2056 VALLEY DR | 4.3 STREET ADDRESS | 5037 88TH AVE |
| CITY-ST-ZIP | DUNEDIN FL | 4.4 CITY-ST-ZIP | PINELLAS PARK, FL 33782 |
| TITLE | D | 5.1 TITLE | V |
| NAME | STROUP, GUY | 5.2 NAME | STROUP, GUY |
| STREET ADDRESS | 905 64TH ST W | 5.3 STREET ADDRESS | 905 64TH ST W |
| CITY-ST-ZIP | BRADENTON FL | 5.4 CITY-ST-ZIP | BRADENTON, FL 34209 |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 on an attachment with an address.

SIGNATURE:

Robert Kates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT KATES

4/23/97
Date

(813) 544-1214
Deputy Phone #

0052103

CR2E037 (9/96)