

2-24-98 B 2471 C
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736137** (1)
1. Corporation Name

METROPOLITAN REPEATER ASSOCIATION, INC.

Principal Place of Business P. O. BOX 2735 PINELLAS PARK FL 33780	Mailing Address P. O. BOX 2735 PINELLAS PARK FL 33780
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3. Date Incorporated or Qualified

06/17/1976

4. FEI Number

59-1708975

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 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**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 type="checkbox"/> DELETE
NAME	BAUSTERT, NATALIE	
STREET ADDRESS	5037 88TH AVE	
CITY-ST-ZIP	PINELLAS PARK FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	KATES, ROBERT	
STREET ADDRESS	8360 58TH ST	
CITY-ST-ZIP	PINEALLS PARK FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ADAMS, GARY	
STREET ADDRESS	12466 MONTARA DR.	
CITY-ST-ZIP	LARGO FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8874 117 St.
3.4 CITY-ST-ZIP	Seminole, FL. 33772

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYD, JOHN	
STREET ADDRESS	2056 VALLEY DR	
CITY-ST-ZIP	DUNEDIN FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STROUP, GUY	
STREET ADDRESS	905 64TH ST W	
CITY-ST-ZIP	BRADENTON FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	TR	<input type="checkbox"/> DELETE
NAME	BAUSTERT, GEORGE	
STREET ADDRESS	5037 88TH AVE	
CITY-ST-ZIP	PINELLAS PARK FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  **Gary Adams**

2/15/98 813-530-8584

CR2E037 (10/97)