FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90028 020 ***150.00

DOCUMENT # 842100

DEBEAU BROADCASTING, INCORPORATED

Principal Place	of Business	Mailing Address	Address			- I Iddiel (dill dies tied) Hatt soft statt eren eren eren eren eren		
ROUTE #1. BO	X 579	P.O. BOX 3179						
DOSWELL VA 23047		PORT CHARLOTTE FL 33949				DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualifed		
						12/20/1978		[
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	T	Applied For
21	200 0. 20311043	26				38-2184678		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	_ \$8.75 Additional		
22	.,,	27				5. Certifcate of Status Desired	Fee	Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23	سيب س	28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip Country				8. This corporation owes the current year I		_ \
24	25	29 30)			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
LOD	ICCO CARLO I		81 Name		Name			[
	ICCO, CARLO J.		82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)	-	
	i tamiami drive Harlotte FL 33949		Ļ					
F1.0	MARLOTTE PL 33949		1	83				
			ŀ	84	City		85 Z	p Code
								ita angistarad
office or n	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	ionzed	by tr	ne corporation	pration submits this statement for the purpose in's board of directors. I hereby accept the app	ointment as	registered
SIGNATURE								
	Signature, typed or printed name of registered agent OFFICERS ANI		f3.	Agent s	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	ND DIREC	TORS IN 12
12.	PT OFFICERS ANI	DELETE	1,1 TIB	F	—————	ADDITIONS/CHANGES TO OTTICE/US/	Chang	
NAME	DEBEAU, LAWRENCE N.		1.2 NA					}
	536 BELVEDERE CT				ADDRESS			Ì
STREET ADDRESS	PUNTA GORDON FL							ļ
CITY-ST-ZIP			1.4 CITY-ST-ZIP		ZIF		Chang	e Addition
NAME	DEBEAU, MILDRED M.		2.2 NA		ļ			
	536 BELVEDERE CT	•			ADDRESS			
STREET ADDRESS	PUNTA GORDA FL					•		ŧ
CITY-ST-ZIP TITLE	V	∫ DELETE	2.4 CTY-\$ DELETE 3.1 TITLE		-21-		☐ Chang	e Addition
NAME	LORICCO, CARLO J		3.2 NA			and the second s		l
STREET ADDRESS	3005 CARING WAY				ADDRESS		•	Ţ
	PORT CHARLOTTE FL		3.4. CIT		ſ			(
CITY-ST-ZIP TITLE	1 OIN OIDMEOTIE IL	DELETE	4.1 TIT		- <u></u>		Chang	ge Addition
NAME			4. 2 NA		1			}
STREET ADDRESS			•		ADDRESS			
			4.3 ST					}
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT				Chang	ge Addition
NAME		J1	5.2 NA					
STREET ADDRESS			ſ		ADDRESS			İ
			5.4 CIT)
CITY-ST-ZIP		☐ DELETE	6.1 TITI				[] Chang	e Addition
	. •	_ DESC.1.	6.2 NA					_
NAME					ADORESS			
STREET ADDRESS			6.4 CITY-ST-ZIP					
CDY+ST-ZIP	1		0.4 011	(-31-				Ļ

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

SIGNATURE:

3-21-99