

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001442 (3)

1. Corporation Name
GULF COAST RADIATION, INC.

Principal Place of Business
3400-B STATE BRIDGE ROAD
ALPHARETTO GA 30202

Mailing Address
3400-B STATE BRIDGE ROAD
ALPHARETTO GA 30202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7820 Roswell Road		26 7820 Roswell Road		03/16/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1911369	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Atlanta, GA		28 Atlanta, GA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 30350-4858 25 Fulton		29 30350-4858 30 Fulton			

9. Name and Address of Current Registered Agent

LILY, RICHARD E
509 COLONIAL DRIVE
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed to protect name of registered agent and file, if applicable

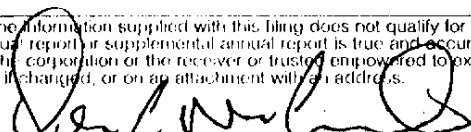
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORD, DALE L	1.2 NAME	
STREET ADDRESS	3400-B STATE BRIDGE ROAD	1.3 STREET ADDRESS	7820 Roswell Road
CITY-ST-ZIP	ALPHARETTA GA 30202	1.4 CITY-ST-ZIP	Atlanta, GA 30350-4858
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, THOMAS W	2.2 NAME	
STREET ADDRESS	3400-B STATE BRIDGE ROAD	2.3 STREET ADDRESS	7820 Roswell Road
CITY-ST-ZIP	ALPHARETTO GA 30202	2.4 CITY-ST-ZIP	Atlanta, GA 30350-4858
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, ERICH G	3.2 NAME	
STREET ADDRESS	3400-B STATE BRIDGE ROAD	3.3 STREET ADDRESS	7820 Roswell Road
CITY-ST-ZIP	ALPHARETTO GA 30202	3.4 CITY-ST-ZIP	Atlanta, GA 30350-4858
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE



3/4/98

CR2E034 (10/97)