

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001101 (4)**

1. Corporation Name

OMNIAMERICA COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

200 SKYLIGHT OFFICE TOWER
1660 W. SECOND ST.
CLEVELAND OH 44113-1021

200 SKYLIGHT OFFICE TOWER
1660 W. SECOND ST.
CLEVELAND OH 44113-1021

3. Date Incorporated or Qualified 03/04/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 95-4460352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

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 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	PCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCH, CARL E	1.2 NAME	
STREET ADDRESS	11111 SANTA MONICA BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	1.4 CITY-ST-ZIP	
TITLE	EVTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCEPEK, ANTHONY S	2.2 NAME	
STREET ADDRESS	310 LAKESIDE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113-1021	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMLEY, STEPHEN F	3.2 NAME	
STREET ADDRESS	310 LAKESIDE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113-1021	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEILL, BRIAN W	4.2 NAME	
STREET ADDRESS	200 SKYLIGHT OFF. TWR. 1660 2ND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113-1021	4.4 CITY-ST-ZIP	
TITLE	DVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THACKER, H. DEAN	5.2 NAME	
STREET ADDRESS	200 SKYLIGHT OFF. TWR. 1660 W 2ND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113-1021	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, STEVEN	6.2 NAME	
STREET ADDRESS	200 SKYLIGHT OFF. TWR. 1660 W. 2ND ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

4/30/96

Date

(216) 781-5390

Daytime Phone #

CR2E034 (12/95)