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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

FILED Mar 16 1998 8:00am Secretary of State

	MENT # F9600(TELEVISION CORP.	0001236 (6)			
Principal Place of Business Mailing Address					Bode iller linen king mili ibel
527 SOUTHARD ST		10858 WARWICK BLVD.			
KEY WEST FL 33040		STE A NEWPORT NEWS VA 23601		DO NOT WRITE IN THE	S SPACE
		HEIR OIL HEIRS IN 2500	•	3. Date Incorporated or Qualified	O O NOC
				03/12/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0521833	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7(r)	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Currer		701	10. Name and Address of New Registers	
C.	T CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			83		<u></u>
			63		ł
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the above-named corp		
office or i agent. I a	registered agayt, or both, in the State im (amiliar with and accept the oblig	e of Florida. Such change was at Jahrang of, Section 607,0505, Flor	ithorized by the corporati ida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		<i>III</i> \(\text{\tint{\text{\tint{\text{\tin{\tin			
12,	Signature, typica or protest has a of registered age OFFICERS AN	D DIRECTORS	Fingistered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PDST	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DRUCKER, DAVID M		1.2 NAME		
STREET ADDRESS	795 CIELO LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	EVERGREEN CO 80439		1.4 CITY+ST-ZIP		
TITLE	D DELLO	☐ DELETE	2.1 TITLE		Change Addition
NAME	DRUCKER, PENNY		2.2 NAME		
STREET ADDRESS	795 CIELO LANE		2.3 STREET ADDRESS		
CITY-\$T-ZIP	EVERGREEN CO 80439	Deurit	2.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	31 TITLE		Change Addition
NAME CTOTEL ADDRESS			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY+ST-2IP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY+ST-ZIP		
TITLE		☐ DELE1€	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 CITY - ST - ZIP		T Observe T Lauren
TITLE		☐ DELFTE	61 TITLE	•	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	<i>1</i>	
CITY-ST-ZIP			6.4 CITY-ST-2IP	O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

rivereby cernity man the importance 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 to on an attachment with an address.

SIGNATURE: