

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G24289** (2)

1. Corporation Name

WYNX OF BREVARD, INC.



Principal Place of Business

Mailing Address

**239 S. BREVARD AVE
#5
COCOA BEACH FL 32931**

**239 S. BREVARD AVE
#5
COCOA BEACH FL 32931**

3. Date Incorporated or Qualified

02/11/1983

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3161 NW 47TH TERRACE**

22 City & State

27 **APARTMENT 112**

23 Zip

28 **LAUDERDALE LAKES, FL**

24 Country

29 **33319**

25

30

4. FEI Number

59-2259671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUTHERLAND, HENRY W.
239 S. BREVARD AVE #5
COCOA BCH. FL 32931**

81 Name **SUE SUTHERLAND**

82 Street Address (P.O. Box Number is Not Acceptable)
3161 NW 47TH TERRACE

83 **APARTMENT 112**

84 City **LAUDERDALE LAKES**

FL

85 Zip Code
33319

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

7/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SUTHERLAND, K L**
STREET ADDRESS **8807 CLIFFORD AVE.**
CITY - ST - ZIP **CHEVY CHASE MD**

TITLE **D** ☐ DELETE
NAME **SUTHERLAND, DONALD C.**
STREET ADDRESS **109 SO SPRING VALLEY RD.**
CITY - ST - ZIP **WILMINGTON DE**

TITLE **PD** ☒ DELETE
NAME **SUTHERLAND, HENRY W.**
STREET ADDRESS **239 S. BREVARD AVE #5**
CITY - ST - ZIP **COCOA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE **PD** ☐ Change ☒ Addition
32 NAME **SUE SUTHERLAND**
33 STREET ADDRESS **3161 NW 47TH TERRACE**
34 CITY - ST - ZIP **LAUDERDALE LAKES, FL 33319**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, 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

DATE

Daytime Phone, #

7/8/96 305 475 3588

CR2E034 (3/96)