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**Secretary of State** 

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # J81799

EVENERO DADIO INO

EXPRESS RADIO, INC.

Principal Place of Business

10850 WILES ROAD 10850 WILES ROAD CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 DO NOT WRITE IN THIS SPACE US 3. Date incorporated or Qualifed 07/01/1<u>9</u>87 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable <del>59-284 1964</del> 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country This corporation owes the current year Intangible  $\square N_0$ 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WEINBERG, STEVEN A, ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 8000 PETERS RD JACARANDA PARK OF COMMERCE 83 **PLANTATION FL 33324** Zin Code 84 City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. **E**hange DELETE Addition 1.1 TITLE PD TITLE Fruehling, Gene Ri 1.2 NAME NAME FRUEHLING, GENE R. STREET ADDRESS 5582 NW 79 WAY 1.3 STREET ADDRESS Parkland . FL PARKLAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY: ST: ZIP. ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

954-344-9050