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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 SOCUMENT # 1 80633

(5)

1. Corporation Name  NATIONAL DRIVE BUY BROADCASTING INC.  Principal Place of Business  Mailing Address  21346 ST. ANDREWS  BOCA RATON FL 33433  BOCA RATON FL 33433													
US				S	0.5405								
			-						3. Date Incorporated or Qualific	id 3a.	Date of Last R	leport	
									06/13/1990	0	7/09/1996		
2. Principal Place of Business				2a, Mailing Address					4, FEI Number		<u> </u>	oplied For	
21				26				65-0197234	<u></u>		ot Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired		
City & State				City & State					· <del></del>				
23			28	28				6. Election Campaign Financing Trust Fund Contribution	, 🗆		May Be to Fees		
Zip	Country			Zip Country			······································	···	8. This corporation has liability				
24	25			29 30					Florida Statutes	Yes			
	g, Name	and Address of Cur	rent Regis	itered Agent					10. Name and Address of New	Registere	d Agent		
THO			81	Nai	me								
6675 POND APPLE RD						82	Stre	et Addre	ss (P.O. Box Number is Not Accep	stable)			
BOCA RATON FL 33437											······································		
						83							
ļ						84	City	/		F	85 Zip	Code	
ss Puggiant	to the provis	ans of Sections 607 (	502 and 6	07 1508 Florida Sta	tutes the	Phove	ค-กลก	ned coror	oration submits this statement for th			ts registered	
office or t	egistered ag	gent, or both, in the St	ate of Flori	da Such change wa	as authori	zed by	the	corporation	oration submits this statement for the board of directors. I hereby ac	cept the a	ppointment as	registered	
	пп ғалпнал үү	ntn, and accept the od	ilgations o	i, 5601011 607.0505,	rionua s	lalules	<b>&gt;</b> .				• '		
SIGNATURE	Significate types	d or printed name of registered	agent and title	It applicable. (f	NOTE: Flegisl	ered Age	nga Ine	ature require	d when reinstating)	DATE			
12. OFFICERS AN			AND DIREC	ID DIRECTORS			13.		ADDITIONS/CHANGES TO OF	FICERS A			
TILE	D			☐ DELETE	1.	TITLE		l			Change	Addition	
NAME		SON, GARY J.				2 NAME							
STREET ADDRESS		OND APPLE RD				3 STREET		:SS	e e				
CITY-ST-ZIP	BUUA H	IATON FL		DELETE		CITY-S	T-ZIP			····	Change	Addition	
TITLE				T DETER		1 TITLE 2 NAME		i			Til Astriña	Manifoli	
NAME STREET ADDRESS						Z NAME. 3 STREET	r anner	ee l	•				
CHY-ST-ZIP						4 CITY-5							
TITLE				DELETE		TITLE	O. 1.11			······································	Change	Addition	
NAME					3.	2 NAME							
STREET ADDRESS					3.	3 STREET	ADDRE	ss					
CITY-S1-ZIP					3.	4. CITY - S	ST - ZIP		:				
Trice				☐ DELETE	4.	1 TITLE					Change	Addition	
NAME						2 NAME							
STREET ADDRESS					4.	3 STREET	T ADDRE	SS	•				
CHY-SI-ZIP				DELETE		4 CITY - S	ST-ZIP				Chann	- Autoritan	
TITLE				DELETE	- 1	1 TITLE					Change	Addition	
NAME						2 NAME	r Anner	.00					
STREET ADDRESS	}				1	3 STREET		:00	, i				
CITY - S1 - ZIP TITLE	<del> </del>		<del>-</del>	☐ DELETE		4 CITY-S 1 TITLE	51.7L				Change	Addition	
NAME				practi		2 NAME			•				
STREET ADDRESS	[					STREET	( ADDRI	ss					
CITY-S1-70P	[					4 CITY-S			0.00				
14 I do herel	by certify the	at the information supp	lied with the	his filing does not qu	ualify for t	he exe	mptio	on stated	in Section 119.07(3)(i), Florida Sta	utes. I furt	her certify that	the	
intormatic f am ari o appears i	on indicated officer or dire in Block 12 (	on this annual report i ector of the corporation or Block 13 if chaptier	or supplem or the rec l, or on an	nental annual report beiver or trustee emp attachment with an	is true an cowered t address.	o exec	urate Sute ti	and that his report	my signature shall have the same as required by Chapter 607, Florid	egai effect la Statutes	as if made un ; and that my i	ider datn; that name	