

# 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 # **M43821** (1)

1. Corporation Name

**RADIO ACQUISITION, INC.**



Principal Place of Business

% STEVE ALPERT/BROWARD RADIO  
3056 SOUTH STATE ROAD 7 - BLDG. 58  
MIRAMAR FL 33023

Mailing Address

% STEVE ALPERT/BROWARD RADIO  
3056 SOUTH STATE ROAD 7 - BLDG. 58  
MIRAMAR FL 33023

3. Date Incorporated or Qualified  
**12/23/1986**

3a. Date of Last Report  
**06/13/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

**1585 NW 183 AVE**

Suite, Apt. #, etc.

27

City & State

28

**Pembroke Pines FL**

Zip

Country

29

**33029**

30

**USA**

4. FEI Number

**59-2748405**

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

ALPERT, STEVEN  
%BROWARD RADIO  
3056 S. STATE ROAD & #58  
MIRAMAR FL 33023

81 Name

**STEVE ALPERT**

82 Street Address (P.O. Box Number is Not Acceptable)

**1585 NW 183 AVE**

83

84 City

**Pembroke Pines**

**FL**

85 Zip Code

**33029**

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. Each 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

*Steve Alpert*

**STEVEN ALPERT**

**5-10-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **ALPERT, JAN**  
CITY-ST-ZIP **1585 NW 183RD AVE**  
**PEMBROKE PINES FL**

TITLE ☐ DELETE

NAME **VD**  
STREET ADDRESS **ALPERT, STEVE**  
CITY-ST-ZIP **3056 S. STATE ROAD 7 #58**  
**MIRAMAR 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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*Steve Alpert*

**STEVE ALPERT**

**5/20/96 954-9895081**

CR2E034 (12/95)