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Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15064** (1)

1. Corporation Name

**531 REPEATER GROUP, INC.**



Principal Place of Business <b>2425 GROVE VALLEY AVENUE PALM HARBOR FL 34683-230 US</b>	Mailing Address <b>PO BOX 1791 PALM HARBOR FL 34682-1791 US</b>
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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**ERICKSON, CURTIS G.  
2425 GROVE VALLEY AVENUE  
PALM HARBOR FL 34683-3230**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RICKEL, ROBERT W.</b>	
STREET ADDRESS	<b>3555 DEER RUN SOUTH</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PETROCI, NEIL B.</b>	
STREET ADDRESS	<b>2179 N GRENDRIDGE PLACE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ERICKSON, CURTIS G</b>	
STREET ADDRESS	<b>2425 GROVE VALLEY AVENUE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDMAN, CARL</b>	
STREET ADDRESS	<b>2829 RUSTIC OAKS DR</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HENSBERY, JOHN</b>	
STREET ADDRESS	<b>1110 MCCARTY ST.</b>	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRANDA, MICHAEL R.</b>	
STREET ADDRESS	<b>2972 VALENCIA LANE E</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WILTON, A. R.</b>	
1.3 STREET ADDRESS	<b>60 MEADOWLARK DRIVE</b>	
1.4 CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	

2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WILTON, SCOTT</b>	
2.3 STREET ADDRESS	<b>1405A DRUID ROAD EAST</b>	
2.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34616</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**ERICKSON, CURTIS G.**

4/15/97

813-787-1224

CR2E037 (9/96)