

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51340 (0)

1. Corporation Name

NEIGHBORS 4 NEIGHBORS, INC.



Principal Place of Business

Mailing Address

C/O WCIX-TV, CBS TELEVISION STATIONS
8900 N.W. 18TH TERRACE
MIAMI FL 33172C/O WCIX-TV, CBS TELEVISION STATIONS
8900 N.W. 18TH TERRACE
MIAMI FL 33172-26233. Date Incorporated or Qualified
10/16/19923a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 C/O WCIX-TV

26 C/O WCIX-TV

22 Suite, Apt. #, etc.
8900 NW 18TH TERR27 Suite, Apt. #, etc.
8900 NW 18TH TERR23 City & State
MIAMI, FL 3317228 City & State
MIAMI, FL24 Zip
3317225 Country
USA29 Zip
3317230 Country
USA4. FEI Number
65-0364391Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

SHAKLAN, ALLEN
WCIX-TV, CBS TELEVISION STATIONS
8900 N.W. 18TH TERRACE
MIAMI FL 3312381 Name
NELLY RUBIO
82 Street Address (P.O. Box Number is Not Acceptable)
WCIX-TV
83 8900 NW 18TH TERR
84 City
MIAMI FL 85 Zip Code
33172

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SHAKLAN, ALLEN
STREET ADDRESS 8900 NW 18TH TERR
CITY-ST-ZIP MIAMI FL1.1 TITLE
1.2 NAME P.D. NELLY RUBIO
1.3 STREET ADDRESS 8900 NW 18TH TERR
1.4 CITY-ST-ZIP MIAMI, FL 33172TITLE VD
NAME ERICKSON, BARBARA
STREET ADDRESS 10128 W OAKLAND PARK BLVD
CITY-ST-ZIP FT LAUDERDALE FL2.1 TITLE
2.2 NAME D. ALLEN SHAKLAN
2.3 STREET ADDRESS 8900 NW 18TH TERR
2.4 CITY-ST-ZIP MIAMI, FL 33172TITLE VD
NAME RUBIO, NELLY
STREET ADDRESS 8900 NW 18TH TERR
CITY-ST-ZIP MIAMI FL3.1 TITLE
3.2 NAME D. BARBARA WILLIAMS
3.3 STREET ADDRESS 8900 NW 18TH TERR
3.4 CITY-ST-ZIP MIAMI, FL 33172TITLE VD
NAME MALKUS, CHUCK
STREET ADDRESS 4140 PETERS RD
CITY-ST-ZIP FT. LAUDERDALE FL4.1 TITLE
4.2 NAME D. NERAL HAGGUND
4.3 STREET ADDRESS 8625 NW 82 AVE #404
4.4 CITY-ST-ZIP MIAMI, FL 33166TITLE CTD
NAME SCHULTZ, PATRICK
STREET ADDRESS 8900 NW 18TH TERR
CITY-ST-ZIP MIAMI FL5.1 TITLE
5.2 NAME D. MIAMI MATINS
5.3 STREET ADDRESS 8900 NW 18TH TERR
5.4 CITY-ST-ZIP MIAMI, FL 33172TITLE SD
NAME WILLIAMS, BARBARA
STREET ADDRESS 21300 SW 122ND AVE
CITY-ST-ZIP GOULDS FL6.1 TITLE
6.2 NAME SD MARY LOUISE COLE
6.3 STREET ADDRESS 2202 SW 87 AVE
6.4 CITY-ST-ZIP MIAMI, FL 33190

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032575

CR2E037 (9/96)