

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED  
AND  
FILED

96 AUG 28 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003867 (7)

1. Corporation Name  
CENTRAL FLORIDA MOBILE DISC JOCKEY ASSOCIATION, INC.

Principal Place of Business: 407 LAKE HOWELL ROAD #116 MAITLAND FL 32715  
 Mailing Address: 401 NORTH HAWTHORNE CIRCLE WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified: 08/11/1995  
 3a. Date of Last Report

2. Principal Place of Business  
 21 2124 Edgewater Dr  
 22 Suite, Apt. #, etc.  
 23 Orlando FL  
 24 Zip 32804 25 Country USA  
 26 P.O. Box 541582  
 27 Suite, Apt. #, etc.  
 28 Orlando FL  
 29 Zip 32804 30 Country USA

4. FEI Number: 59-3332094  
 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  
 ROBINSTON & ASSOCIATES, P.A.  
 1405 WEST FAIRBANKS AVENUE  
 WINTER PARK FL 32789

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, TYRONE	
STREET ADDRESS	407 LAKE HOWELL ROAD #116	
CITY-ST-ZIP	MAITLAND FL 32715	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOSTERT, BRIAN	
STREET ADDRESS	26808 RAQUET CIRCLE	
CITY-ST-ZIP	LEESBERG FL 34748	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LACASCIO, FRANK	
STREET ADDRESS	7852 PANTHERA COURT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBER, RODGER	
STREET ADDRESS	732 MAYFAIR CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frank Warner	
2.3 STREET ADDRESS	4552 50 Semoran Blvd	
2.4 CITY-ST-ZIP	Orlando FL 32822	
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 8/1/96 407-425-2995  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)