

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 NOV 21 AM 9:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N95000003867 (7)

1. Corporation Name

CENTRAL FLORIDA MOBILE DISC JOCKEY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2124 EDGEWATER DR.
 ORLANDO FL 32804

P.O. BOX 541582
 ORLANDO FL 32854-1582

3. Date Incorporated or Qualified
08/11/1995

3a. Date of Last Report
08/28/1996

2. Principal Place of Business

2a. Mailing Address

21 **6649 AMORY CT**

Suite, Apt. #, etc. **2**

22 **WINTER PARK FL**

23 **32792 USA**

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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

10. Name and Address of New Registered Agent

~~ROBINSTON & ASSOCIATES, P.A.
 1405 WEST FAIRBANKS AVENUE
 WINTER PARK FL 32789~~

~~FRANK LOCASCIO~~

81 Name

FRANK LOCASCIO

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

316 W. COLONIAL DR.

83

ORLANDO FL. 32801

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
 NAME **WILSON, TYRONE**
 STREET ADDRESS **407 LAKE HOWELL ROAD #116**
 CITY-ST-ZIP **MAITLAND FL 32715**

1.1 TITLE **D (P)** Change Addition
 1.2 NAME **PRES. DERRICK CLARK**
 1.3 STREET ADDRESS **6649 AMORY CT #2**
 1.4 CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **V** DELETE
 NAME **WARNER, FRANK**
 STREET ADDRESS **4552 S. SEMORAN BLVD**
 CITY-ST-ZIP **ORLANDO FL 32822**

2.1 TITLE **D (V)** Change Addition
 2.2 NAME **VICE PRES. JIM DUCKWORTH**
 2.3 STREET ADDRESS **630 N. BUNBY AVE**
 2.4 CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **D** DELETE
 NAME **LOCASCIO, FRANK**
 STREET ADDRESS **7652 PANTHERA COURT**
 CITY-ST-ZIP **ORLANDO FL 32822**

3.1 TITLE **D (T)** Change Addition
 3.2 NAME **LOCASCIO, FRANK**
 3.3 STREET ADDRESS **7652 PANTHERA CT**
 3.4 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **D** DELETE
 NAME **BARBER, RODGER**
 STREET ADDRESS **732 MAYFAIR CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32803**

4.1 TITLE **D (S)** Change Addition
 4.2 NAME **SECRETARY FRANK WARNER**
 4.3 STREET ADDRESS **4552 S. SEMORAN BLVD**
 4.4 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME **900002358698-6**
 5.3 STREET ADDRESS **-11/25/97-01052-005**
 5.4 CITY-ST-ZIP *******61.25 *****61.25**

TITLE DELETE
 NAME
 STREET ADDRESS
 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 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.

CR2E037 (9/96)