

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004796

1. Corporation Name

K92FM/RON BISSON CHARITY GOLF, INC.

Principal Place of Business
4192 JOHN YOUNG PARKWAY
ORLANDO FL 32804

Mailing Address
4192 JOHN YOUNG PARKWAY
ORLANDO FL 32804

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90009 042 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/20/1998

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59 3539199

Applied For

Not Applicable

23. City & State

28. City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24. Zip Country

29. Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, MICHAEL G.
4192 JOHN YOUNG PARKWAY
ORLANDO, FL 32804

81. Name

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

83.

84. City

FL

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

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 D
NAME BECK, LARRY
STREET ADDRESS 480 SILVER DEW ST
CITY-ST-ZIP LAKE MARY FL 32746

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME BISSON, RON
STREET ADDRESS 4192 JOHN YOUNG PARKWAY
CITY-ST-ZIP ORLANDO FL 32804

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME DUNHAM, JIM
STREET ADDRESS 1548 INDIAN HEAD TRAIL
CITY-ST-ZIP ORLANDO FL 32828

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME DUNN, STEVE
STREET ADDRESS ONE PHIL RITSON WAY
CITY-ST-ZIP ORLANDO FL 32869

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME FREEMAN, SUNNY
STREET ADDRESS 4192 JOHN YOUNG PARKWAY
CITY-ST-ZIP ORLANDO FL 32804

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME HENDRICH, BILL
STREET ADDRESS 4192 JOHN YOUNG PARKWAY
CITY-ST-ZIP ORLANDO FL 32804

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)