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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P 10620 (3)

1. Corporation Name

CUMULUS FIBRES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5601 NW 35 AVE
MIAMI FL 33142

5601 NW 35 AVE
MIAMI, FL 33142

3. Date Incorporated or Qualified
07/02/1986

3a. Date of Last Report
3/26/96

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

25. Zip

Country

30. Zip

Country

4. FEI Number

59-2633963

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Type, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME KOFFMAN, BURTON I.
STREET ADDRESS 300 PLAZA DR.
CITY, ST, ZIP VESTAL NY

☐ DELETE

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

☐ Change

☐ Addition

TITLE PTD
NAME BAKER, HARRY D.
STREET ADDRESS 5601 NW 35 AVE
CITY, ST, ZIP MIAMI, FL

☐ DELETE

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

☐ Change

☐ Addition

TITLE SD
NAME MELIN, DAVID E.
STREET ADDRESS 3551 NW 116 ST.
CITY, ST, ZIP MIAMI, FL

☐ DELETE

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

☐ Change

☐ Addition

TITLE VD
NAME FURR, WILLIAM P.
STREET ADDRESS 1101 TAR HEEL RD
CITY, ST, ZIP CHARLOTTE, NC

☐ DELETE

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

☐ Change

☐ Addition

TITLE VD
NAME CASTRONOVO, JOSEPH A. JR.
STREET ADDRESS 3200 NW 110 ST.
CITY, ST, ZIP MIAMI, FL

☐ DELETE

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

☐ Change

☐ Addition

TITLE VDC
NAME STEAGALL, DARRELL C.
STREET ADDRESS 1101 TAR HEEL RD.
CITY, ST, ZIP CHARLOTTE, NC

☐ DELETE

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

☐ Change

☐ Addition

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

SIGNATURE:

HARRY D. BAKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY D. BAKER 4/4/97

Date

Daytime Phone #

305-
638-1222

CR2E034 (9/96)