## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33792

(3)

FM AIR RIGHTS COMPANY

**FILED** 

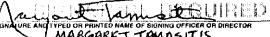
Apr 10 1997 8:00am

Secretary of State

| Principal Place of Business Mailing Address 250 KING OF PRUSSIA RD RADNOR PA 19087 RADNOR PA 19087-5220 US |                                                                                                            |                                  |                    |                   |                                                                                          | 27674 3484 3484 37871 27874 3484 3484 3484 |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|-------------------|------------------------------------------------------------------------------------------|--------------------------------------------|
|                                                                                                            |                                                                                                            |                                  |                    |                   | 3. Date Incorporated or Qualified 05/02/1991                                             | 3a. Date of Last Report<br>05/01/1996      |
|                                                                                                            | ace of Business                                                                                            | 2a. Mailing Address              |                    |                   | 4. FEI Number                                                                            | Applied For                                |
| 21                                                                                                         |                                                                                                            | 26                               |                    |                   | 23-1679593                                                                               | Not Applicable                             |
| Suite, Apt -                                                                                               |                                                                                                            | Suite, Apt. #, etc.              | <del></del> 1      |                   | 5. Certificate of Status Desired                                                         | S8.75 Additional Fee Required              |
| City & State                                                                                               |                                                                                                            | City & State                     |                    |                   | Election Campaign Financing     Trust Fund Contribution                                  | \$5.00 May Be Added to Fees                |
| Zip                                                                                                        | Country                                                                                                    | Zip                              | Cour               | try               | 8. This corporation has liability for it                                                 |                                            |
| 5.K. *                                                                                                     |                                                                                                            |                                  | 30                 |                   |                                                                                          |                                            |
|                                                                                                            | 9. Name and Address of Curren                                                                              | t Registered Agent               |                    | B1 Name           | 10. Name and Address of New Rep                                                          | gistered Agent                             |
|                                                                                                            | CORPORATION SYSTEM                                                                                         |                                  | ļ                  | B1 Name           |                                                                                          |                                            |
| 120                                                                                                        | 0 S. PINE ISLAND ROAD<br>NTATION FL 33324                                                                  |                                  |                    | Street Add        | dress (P.O. Box Number is Not Acceptab                                                   | le)                                        |
| , , ,                                                                                                      |                                                                                                            |                                  | ŀ                  | 83                |                                                                                          |                                            |
|                                                                                                            |                                                                                                            |                                  | }                  | 84 City           |                                                                                          | 85 Zip Code                                |
|                                                                                                            |                                                                                                            |                                  |                    |                   | rporation submits this statement for the p<br>ation's board of directors. I hereby accep | FL                                         |
| agent Lar<br>SIGNATURE                                                                                     | in familiar with, and accept the obligation for the specific printed name of registered age.  OFFICERS AND | nt and little if applicable. (NC | lorida Statı       | ites.             | uired whon renstating)  ADDITIONS/CHANGES TO OFFIC                                       | DATE                                       |
| TITLE                                                                                                      | PTD                                                                                                        | DELETE                           | 11 181             | F                 | ADDITIONS/CHANGES TO OFFICE                                                              | Change Addition                            |
| NAME                                                                                                       | MULLIN, ARTHUR W.                                                                                          | Sec. 1                           | 1.2 NA             |                   |                                                                                          | C orongo C roscon                          |
| STREET ADDRESS                                                                                             | 250 KING OF PRUSSIA ROAD                                                                                   | )                                |                    | EET ADDRESS       |                                                                                          |                                            |
| City - St - ZiP                                                                                            | RADNOR PA 19087                                                                                            |                                  |                    | Y-ST-ZIP          |                                                                                          |                                            |
| TILE                                                                                                       | VD                                                                                                         | DELETE                           | 2.1 717            |                   |                                                                                          | Change Addition                            |
| NAME                                                                                                       | TAYLOR, WILLIAM S                                                                                          |                                  | 2 2 NA             | VIE               |                                                                                          |                                            |
| STREET ADDRESS                                                                                             | 250 KING OF PRUSSIA ROAD                                                                                   | 1                                | 2.3 ST             | EET ADDRESS       |                                                                                          |                                            |
| CITY - ST - ZIP                                                                                            | RADNOR PA 19087                                                                                            |                                  | 2. 4 CI            | Y-ST-ZIP          |                                                                                          |                                            |
| TOLE                                                                                                       | \$                                                                                                         | DELETE                           | 3.1 T(T            | £                 |                                                                                          | Change Addition                            |
| NAME                                                                                                       | BIXLER, ROBERT                                                                                             |                                  | 3.2 NA             | AE I              |                                                                                          |                                            |
| STREET ADDRESS                                                                                             | 250 KING OF PRUSSIA ROAD<br>RADNOR PA 19087                                                                | ı                                |                    | EET ADDRESS       |                                                                                          |                                            |
| CITY-SI-ZIP                                                                                                | VPD                                                                                                        | DELETE                           |                    | Y-ST-ZIP          |                                                                                          | ☐ Change ☐ Addition                        |
| THEF                                                                                                       | KELICAN, JAMES W.                                                                                          | L. DELETE                        | 4.1 T(T            |                   |                                                                                          | Change ( Abullion                          |
| NAME                                                                                                       | 250 KING OF PRUSSIA ROAD                                                                                   | 1                                | 4. 2 N/            |                   |                                                                                          |                                            |
| STREET ADDRESS                                                                                             | RADNOR PA 19087                                                                                            | •                                | 4                  | EET AODRESS       |                                                                                          |                                            |
| CHY-S1-ZiP<br>T-TLE                                                                                        | AS                                                                                                         | ☐ DELETE                         | 4.4 C()<br>5.1 T() | Y-ST-ZIP          | **************************************                                                   | Change Addition                            |
| NAMÉ                                                                                                       | TAMASITIS, MARGARET                                                                                        |                                  | 5.2 NA             | 1                 |                                                                                          | 10 - Name                                  |
| STREET ADDRESS                                                                                             | 250 KING OF PRUSSIA ROAD                                                                                   | )                                |                    | IEET ADDRESS      |                                                                                          |                                            |
| CHY-ST-ZIF                                                                                                 | RADNOR PA 19087                                                                                            |                                  |                    | Y-ST-ZIP          |                                                                                          |                                            |
| BIFLE                                                                                                      |                                                                                                            | ☐ DELETE                         | 6.1 T/T            |                   |                                                                                          | Change Addition                            |
| NAME                                                                                                       |                                                                                                            |                                  | 6.2 NA             | ME                |                                                                                          |                                            |
| SEREET ADDRESS                                                                                             |                                                                                                            |                                  | 6.3 ST             | REET ADDRESS      |                                                                                          |                                            |
| Crty-St-ZiP                                                                                                |                                                                                                            |                                  | 6.4 CH             | Y-ST- <b>Z</b> IP |                                                                                          |                                            |

14. To 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** 



# (610) 964-7233 Dayline Phone #