## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

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AMERIO	CAN MEDIA OPERATIONS,	INC.						
Principal Place o	of Business	Mailing Address			1 10011001 100 11311 01001 01101 131	9) (181 6) (11 8) (181 6)	iari alah alah kishi ingi	
600 South ( Lantana Fl	EAST COAST AVENUE 33464	600 south east o Lantana FL 33464	COAST AVENUE					
					<ol> <li>Date Incorporated or Qualified 06/27/1991</li> </ol>	3a. Date of t	.ast Report 12/1995	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	.1	Applied For	
21		26			59-2094424		Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State 28			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζιρ <b>24</b>	Country 25	Zip * * * * * * * * * * * * * * * * * * *	Country 30	,	8. This corporation has liability for Florida Statutes	intangible tax ur ☐ No	nder s 199.032,	
	9. Name and Address of Curren	l Registered Agent		·	10. Name and Address of New I	legistered Age	nt	
			81	Name				
UNITED		82	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 3			83			<u> </u>		
NORTH MIAMI BEACH FL 33162			84	City		FI <sup>8</sup>	5 Zip Code	
familiar with SiGNATURE	the provisions of Sections 607.0502 diagent, or both, in the State of Florid in and accept the obligations of, Section (gratue, type) or printed name of registrical agents.	on 607.0505, Florida Statute	es.		orporation submits this statement for the pu- board of directors. I hereby accept the app	rpose of changir ointment as regi	ng its registered office stered agent. I am	
12.	OFFICERS AND		13.	in signature r	ADDITIONS/CHANGES TO OF		RECTORS IN 12	
TILE	CP	☐ DELETE	1. 1 TITLE		V			
NAME	CALLAHAN, PETER J.		1.2 NAME		Nelson, Peter A.		•	
STREET ADDRESS	600 S. E. COAST AVENUE		1.3 STAEE	ADDRESS	600 S.E. Coast Ave	nue		
CHY ST-ZIP	LANTANA FL		1.4 CITY-5	ST-ZIP	Lantana, FL 33464			
TIT, F	VS	□ DELETE	2 1 TITLE		, , , , , , , , , , , , , , , , , , , ,	□ c	hange 🔲 Addition	
NAMI	robinowitz, maynard		22 NAME					
STREET ADDRESS	600 S. E. COAST AVENUE		23 STREE	ADDRESS				
CITY ST ZIP	LANTANA FL		24 CHY-	ST - ZIP				
TIFLE	D	☐ DELETE	3 1 TITLE			□ ¢	hange [] Addition	
NAME	BOYLAN, MICHAEL J.		32 NAME					
STREET ACCRESS	600 S. E. COAST AVENUE LANTANA FL			T ADDRESS				
CHY-ST-20F TITLE	D	DELETE	3.4 CITY - 1 4.1 TITLE	ST-ZIP			hange Addition	
NAME	CALDER, IAIN	DECENE	4.2 NAME				Heige Mantion	
STREET ADDRESS	600 S. E. COAST AVENUE			1 ADDRESS				
CiTY - \$1 - 20°	LANTANA FL		4.4 CITY - 1					
THE	D	☐ DELETE	5 1 TITLE	J1 E11		ПС	hange	
NAME	COPPEDGE, ROY F., III		5.2 NAME				-	
STREET ADDRESS	21 CUSTOM HOUSE ST		5.3 STREE	ADDRESS				
CHY-S1-ZIP	BOSTON MA		5.4 CITY-1					
TILLE	Ţ	☐ DELETE	6 1 TITLE			□ c	hange 🔲 Addition	
NAME	PICKERT, RICHARD		62 NAME					
STHEET ADDRESS	600 SE COAST AVE		6.3 STREE	I ADDRESS				
CITY ST-ZIP	LANTANA FL	···	6 4 CITY -					
certify that f eath that I	the information indicated on this annu	al report or supplemental an ration or the receiver or trust	nnual report is tri tee empowered	ue and ad	alify for the exemption stated in Section 119 ocurate and that my signature shall have the te this report as required by Chapter 607, F	same legal effe	ct as if made under	

**SIGNATURE:** 

2/19/96

407-586-1111