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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

P93000026769 (8) **DOCUMENT #**

FLORIDA DISC JOCKEYS, INC.

Principal Place of Business	Mading Address
P.O. BOX 2056 COCOA FL 32923-2056	P.O. BOX 2056 COCOA FL 32923-2056



	•••••	• • • • • • • • • • • • • • • • • • • •								
						3. Date Incorporated or Qualified 04/12/1993	3a . Da	ate of Last 05/01/		
2. Principal Pla	ice of Business	2a, Mailing Addres	SS .			4. FEI Number			Applied For	
21		26				59-3177672			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		•		
City & State City & State 23 28			9			6. Election Campaign Financing \$5.00 Trust Fund Contribution Added to				
Zφ	Country	Zip	Cou	niry		B. This corporation has liability for	intangible			
24	25	29	30			Florida Statutes Yes	□No			
	9. Name and Address of Curre	nt Registered Agent		[10. Name and Address of New F	egistere	d Agent		
				81	Name					
Gundersen, david j 106 dudley drive Rockledge Fl 32955-2405				82	2 Street Address (P.O. Box Number is Not Acceptable)					
				83						
				84	City		F	85	Zip Code	
or registere	ed agent, or both, in the State of Flor	rida. Such change was a	uthorized by the o	ove-n	ianted corpora oral-on's board	ation submits this statement for the pu cl of directors. I hereby accept the app	pose of continent	changing it: as register	s registered offic ed agent. I am	
familiar with	h, and accept the obligations of, Sec	ction 607.0505, Fiorida S	tatules	-						
	Signature Type For printed name of required as-			A)e c	"Saji a"ale (es, ures)	whereast day. ADDITIONS/CHANGES TO OFF	DA'E		TODG IN 10	
12.	PST OFFICERS AT	ND DIRECTORS DELE	13. TE 1 1 T	111.5		ADDITIONS/CHANGES TO OFF	ICERS A	Chang		
TITLE	GUNDERSEN, DAVID J		12 N					ondrig	J Hadition	
NAME	106 DUDLEY DR.				ABBOSEC					
STREET ADDRESS	ROCKLEDGE FL 32955-240	05			ADDRESS					
CITY-ST-ZIP TITLE	HOUNDLE I E 02307ET	DELE		ITY - S	! - Zit'			[] Chang	e 🗍 Addition	
NAME			22 N							
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP				11 Y - S						
TITLE		DELE						☐ Chang	e 🔲 Addition	
NAME		_	32 N	AMÉ		•				
STREET ADDRESS			33.5	STREET	ADORESS					
CITY-ST-ZIF			340	IIY-S	T - ZIP					
TITLE		☐ DELF			··			☐ Chang	ge 🔲 Addition	
NAME			42 N	AME						
STREET ADDRESS			435	THEEL	ADDRESS					
CITY-ST-ZIP				HY-S	T - 210					
THILE		☐ DELE	TE 5.11	TITLE				Chang	ge Addition	
NAME			52 N	IAME						
STREET ADDRESS			5 38	FREET	ADDRESS					
CITY-ST-ZIP	<u> </u>			111 S	ST-ZIP					
THELE		☐ DELE	TE 6.1	HILE				☐ Chang	ge 🔲 Addition	
NAME			621	AMÉ						
STREET ADDRESS	1		635	TREET	ADDRESS					
CITY ST. 7IP			640	ΣTY-S	ST ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath, 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 J. GUNDERSEN APR 3 0 1996

SIGNATURE:

407-636-4929