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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1996

P93000078520 (2)

REAL	RADIO INC.				
Principal Place	of Business	Maling Address		DIRECTION OF SELECT DESIGNATION OF	DIKA BURKA WAKAI KAMBA MAKAA MILIM KABIA MILIM KADA
1015 FLEMING STREET KEY WEST FL 33040		1015 FLEMING STREET KEY WEST FL 33040			
				3. Date Incorporated or Qualified 11/08/1993	3a, Date of Last Report 06/12/1995
2. Principal Pla	ce of Businoss	2a. Mailing Address		4. FEI Number	Applied For
Suite. Apt. #	L etc	Suite, Apt. #, etc.		65-0448531	Not Applicable
City & State		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Only & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Žφ	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24	25	29	30		intangible tax under si 199.032, □ No
	g. Name and Address of Curre		. 47.74	10. Name and Address of New F	
			81 Name		
	H. MICHAEL		82 Street Addit	ress (P.O. Box Number is Not Acceptat	nlet
	Leming Street		direct Addi		,,,,
KEY WI	EST FL 33040		83		
			84 City		<b>85</b> Zip Code
i or regustere	ia adent, ar born, in the State of Fick	oda. Such chance was authorz	ed twithe composition's trace	ration submits this statement for the pured of directors. Thereby accept the app	rpose of changing its registered office
familiar with	n, and accept the obligations of, Sec	Jon 607 0505, Florida Statutes	i.	ra of allectors. Theretay accept the app	or itment as registered agent. Fam
SIGNATURE _	By ration lipped or probabilishing of negotians ray of		a village en en en en		
12.		NO DIRECTORS	th Projectional Agent sugnature require  13.		CATE AND DIDECTORS IN 46
TITLE	D	DELETE	1 1 Tift	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	EDEN, H. MICHAEL		1.2 NAME		C Change C T Manie 1
STREET ADDRESS	1015 FLEMING STREET		1.3 STREET ADDRESS		
CITY - ST - ZIP	KEY WEST FL 33040		1.4 C+1Y - S1 - Z+P		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST. ZIP		
TITLE		☐ DELETE	3 1 7/11.5		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 City - St - ZiF		
TITLE		DELETE	4 1 THLE		Change Addition
NAME			4.2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITCE		FTI DELETE	4.4 Crty - St - ZiP		
NAME		DELETE	5 1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		
CHY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	6 * TITLE		Change Addition
NAME		FT sections	6.2 NAME		□ outside □ Notifical
STREET ADDRESS			6.3 STHEET ADDRESS		
CITY - ST - ZIP			54 CITY 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 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 13 if changed or on an attachment with an address.

SIGNATURE: H. Michael EDEN 426, 96 365-2966868

SIGNATURE:

H. WI MAN ZOO H. MICHAEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 305-29668