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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000049285 (7)

1. Corporation	AL RADIO MEASUREMENT	r, INC.	(,)			A INDUITER DER HONN ERREN DOCK DOCK	ı af ık a lık i	ilia ilia ila	e i d e ar din dear
Data de al Dissa	.ID.		. -						F)
Principal Place of Business Mailing Address								14114 7761	** ************************************
853 VANDERBILT BEACH RD. 853 VANDERBILT BEACH I SUITE 14 SUITE 14									
NAPLES FL 33963 NAPLES FL 33963									
						3. Date Incorporated or Qualified 07/01/1994		e of Last Re)6/30/19	
<u> </u>	ace of Business	F ~ ~ ~	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt. 4	# pic	26 Suite Act	Suite, Apt. #, etc.			65-0505130			Not Applicable
22	, 000.	F	27			5. Certificate of Status Desired	X	•	Additional Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	28			Trust Fund Contribution Added to Fees			
Ζιρ	Country	Zip	·	Country		8. This corporation has liability for i	ntangible ta	x under s	199.032,
24	25 9. Name and Address of Curre	29	30			Florida Statutes Yes	No		
	5. Name and Address of Cure	mit negistered Age		81	Name	10. Name and Address of New R	egistered	Agent	
CRANE	, MICHAEL E								
853 VANDERBILT BEACH RD.				82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
SUITE 14			83						
NAPLES FL 33963						<u>-</u> .			
				84	City		FL	85 Zip	Code
latridat Wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Floi th, and accept the obligations of, Sec	02 and 607.1508, Flo rida. Such change w ction 607.0505, Florid	rida Statutes, the a as authorized by th da Statutes.	above-n ne corpx	named corpora oration's board	ition submits this statement for the pur d of directors. I hereby accept the appo	pose of cha pintment as	inging its re registered	egistered office agent. I am
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE Registe	ered Ag on	t signature required	when reinstating!	DATE		
12.	OFFICERS AN	ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE	DPT CARL	1	DELETE 1.	1 TITLE				Change	Addition
NAME	BAEHR, KARL 8116 SAN FRANCISCO AVI	-	1.	2 NAME					
S1R5E1 ADDRESS	ALBUQUERQUE NE			1.3 STREFT ADDRESS					
CITY - \$1 - ZIP TITLE	DEVP			4 CITY - S	1 - ZIP			7.0	
NAME	DEVP DELETE			2 1 TITLE 2 2 NAME			į	Change	☐ Addition
STREET ADDRESS	432 BAYSIDE AVE.				ADDRESS				
CITY-ST-ZIP	NAPLES FL			4 CITY-S					
TITLE				1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME		.—	3.3	2 NAME	1			_ •	_
STREET ADDRESS			3.3	3 STREE1	ADDRESS				
C!TY-ST-ZIP				4 CITY - SI	T-ZIP				
TITLE			ELETE 4.	1 TITLE				Change	Addition
NAME				2 NAME					
STREET ADDRESS				3 STREET	1				
CITY-ST-ZIP				4 CITY - \$1	T- ZIP			-	F-9 (1)
TITLE				1 TITLE				Change	☐ Addition
NAME STREET ADDRESS				2 NAME	ADDRESS				
CITY-ST-ZIP				3 STREET.					
TOLE				4 CITY - ST 1 TITLE	1-217			Change	Addition
NAME		٠		2 NAME			Ł	T outside	☐ MOURION
STREET ADDRESS				STREFT.	ADDRESS				
CITY - S1 - ZIP				4 CITY - ST					

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 enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, often an attackment with an address.

SIGNATURE:

NAME OF BIGNING OFFICER OR DIRECTOR J. CRANE 4/15/96 (941)597-2670