Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90059 019 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000049285

ACTUAL	RADIO MEASUREMENT,	INC.						
Principal Place	e of Business	Mailing Address	•		I (180) (Gibt tib 187) a 1871 agitt agitt agitt ag	() #9()) <b>6</b> (9) <b>6</b> () <b>9</b> ()	# ##### #### #########################	
853 VANDERBILT BEACH RD. 853 VANDERBILT BEACH RD. SUITE 14 NAPLES FL 34108 US 853 VANDERBILT BEACH RD. SUITE 14 NAPLES FL 33963					DO NOT WRITE IN  3. Date Incorporated or Qualifed  07/01/1994	O NOT WRITE IN THIS SPACE		
2. Principal Place of Business 2a. Mailing Address			-		4. FEI Number	Aı	pplied For	
21		26	26		65-0505130	N/	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	•	Additional equired	
. City & State	9	City & State	City & State		6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	,		Country		8. This corporation owes the current year Intangible Personal Property Tax.   Yes			
24	25	29	30	<del>.</del>	Personal Property Tax.  10. Name and Address of New Regis		ANO	
	9. Name and Address of Cu	rent Registered Agent	81	Name	To. Name and Address of New Regis	tered Agent		
CRAI	NE, MICHAEL E			1				
853 VANDERBILT BEACH RD.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		ļ	
SUITE 14			83	1				
NAPLES FL 34108							0.1	
			84	City		FL 85 Zip	Code	
office or n agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob Signature, typed or printed name of registered	ate of Florida. Such change was a ligations of, Section 607.0505, Floridation of the section 607.0505 (NOTI	authorized by orida Statute:	s.	poration submits this statement for the purpion's board of directors. I hereby accept the development of the purpies of the pu	DATE		
12.		AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICE	Change		
TITLE	DPT KADI	<del>-</del>				<u></u>	_	
NAME	BAEHR, KARL 8116 SAN FRANCISCO AVE.		1.2 NAME	T ADDRESS				
STREET ADDRESS	ALBUQUERQUE NE		1.4 CITY-1	1		·		
CITY-ST-ZIP TITLE			2.1 TITLE	1		☐ Change	Addition	
NAME	DE11		2.2 NAME					
STREET ADDRESS	AND DAVIDE AVE			TADORESS				
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-					
TITLE			3.1 TITLE			☐ Change	☐ Addition	
NAME .	32		3.2 NAME	~				
STREET ADDRESS			3.3 STREI	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		•	Change	Addition	
NAME			4. 2 NAME	·				
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP		<del></del>	4.4 CITY-			Change	Addition	
TITLE		☐ DELETÉ	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME		•			
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE			☐ Change	Addition	
TITLE		□ DELETE	6.2 NAME					
NAME CTREET ADDRESS			1	ET ADDRESS	·			

CITY-ST-ZIP 14. I 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 of an intachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS