

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

55 MAY -1 PM 1:59

DOCUMENT # **P94000089802 (0)**

AIR SPACE RADIO SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**765 LAKE DR
BOCA RATON FL 33432**

Mailing Address
**765 LAKE DR
BOCA RATON FL 33432**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 12/12/1994	3a. Date of Last Report APR 6
4. FET Number 65-0572054	4a. ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation is eligible for exemption from under Chapter 193, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt # etc. 22	State Apt # etc. 27
City & State 23	City & State 28
County 24	County 29

9. Name and Address of Current Registered Agent

**COFAR, LAWRENCE J
815 MIDDLE RIVER DR SUITE 506
FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 82.07(2) and 82.15(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 82.15(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME D NAME KRASSY, KENNETH M STREET ADDRESS 765 LAKE DR CITY, STATE, ZIP BOCA RATON FL 33432
2. NAME NAME STREET ADDRESS CITY, STATE, ZIP
3. NAME NAME STREET ADDRESS CITY, STATE, ZIP
4. NAME NAME STREET ADDRESS CITY, STATE, ZIP
5. NAME NAME STREET ADDRESS CITY, STATE, ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME	☐ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.02(1)(b), Florida Statutes. I further certify that the information supplied is the true and correct information of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person empowered to make this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 1, on this filing. I am not an attorney with an address.

SIGNATURE:

**KENNETH M. KRASSY
PRESIDENT**

APRIL 6, 1995 (407)-393-6197