

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 24 1997 8:00am
Secretary of State

DOCUMENT # **P95000014020 (8)**

1. Corporation Name

PALM BEACH RADIO BROADCASTING, INC.



Principal Place of Business

**801 NE 167TH STREET STE. 300
NO. MIAMI BEACH FL**

Mailing Address

**801 NE 167TH STREET STE. 300
NO. MIAMI BEACH FL 33162-3729**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

04/24/1996

4. FEI Number

65-0591358

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES INC.
801 NE 167TH STREET STE. 300
NO. MIAMI BEACH FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **CALLAHAN, PETER**
STREET ADDRESS **600 SO. EAST COAST AVENUE**
CITY-ST-ZIP **LANTANA FL**

TITLE **D** ☐ DELETE
NAME **BOYLAN, MICHAEL**
STREET ADDRESS **600 SO. EAST COAST AVENUE**
CITY-ST-ZIP **LANTANA FL 33482**

TITLE **VS** ☐ DELETE
NAME **RABINOWITZ, MAYNARD**
STREET ADDRESS **600 SO. EAST COAST AVENUE**
CITY-ST-ZIP **LANTANA FL**

TITLE **D** ☒ DELETE
NAME **HESS, GARY**
STREET ADDRESS **600 SO. EAST COAST AVENUE**
CITY-ST-ZIP **LANTANA FL 33482**

TITLE **VP** ☐ DELETE
NAME **ELDER, ROSS**
STREET ADDRESS **116 HUNTINGTON AVE**
CITY-ST-ZIP **BOSTON MA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Patricia Larschan**
5.3 STREET ADDRESS **701 Northpointe Parkway**
5.4 CITY-ST-ZIP **W. Palm Beach, FL 33407**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maynard Rabinowitz

11/21/97

Date

561-5401000

Daytime Phone #

CR2E034 (9/96)