

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027089 (8)

1. Corporation Name

CHANNEL 55 OF MILWAUKEE, INC.

Principal Place of Business

1444 66TH ST. NORTH
CLEARWATER FL 34624

Mailing Address

1444 66TH ST. NORTH
CLEARWATER FL 34624



100001833841

-05/22/96--01017--033

***200.00

3. Date Incorporated or Qualified
04/05/1995

3a. Date of Last Report

2. Principal Place of Business

21 14444 66TH STREET N

Suite, Apt. #, etc.

22

City & State

23 CLEARWATER, FL

Zip

24 34624

Country

25

2a. Mailing Address

26 14444 66TH STREET N

Suite, Apt. #, etc.

27

City & State

28 CLEARWATER, FL

Zip

29 34624

Country

30

4. FEI Number

59-3319800

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

WATSON, WILLIAM L
18401 U.S. HWY. 19 NORTH
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

SHREFFLER, ROBERT

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

14444 66TH STREET N.

83

84 City

CLEARWATER

FL

85 Zip Code

34624

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

Robert H. Shreffler Robert H. Shreffler

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

TITLE	B C	<input type="checkbox"/> DELETE
NAME	WEST, JAMES L	
STREET ADDRESS	1444 66TH ST. NORTH	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCDOWELL, GIL	
STREET ADDRESS	14444 66th ST N	
CITY-ST-ZIP	CLEARWATER, FL 34624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	B T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHREFFLER, ROBERT	
1.3 STREET ADDRESS	14444 66TH STREET N	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34624	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TAYLOR, J. ERIC JR	
2.3 STREET ADDRESS	2025 INDIAN ROCKS RD	
2.4 CITY-ST-ZIP	LARGO, FL 34649	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAMS, PAUL	
3.3 STREET ADDRESS	8 LAUREL AVENUE	
3.4 CITY-ST-ZIP	EAST ISLIP, NY 11730	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KELLY, DON	
4.3 STREET ADDRESS	5525 S. MISSION ROAD #1207	
4.4 CITY-ST-ZIP	TUCSON, AZ 85746	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STUECHER, DAN	
5.3 STREET ADDRESS	3380 S.R. 580	
5.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MORGAN, CHARLES O JR	
6.3 STREET ADDRESS	1300 NORTHWEST 167TH STREET	
6.4 CITY-ST-ZIP	MIAMI, FL 33169	

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert H. Shreffler Robert H. Shreffler 4/24/96 813-536-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)