

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000029550 (7)**

1. Corporation Name

ATLANTIC RADIO, INC.



Principal Place of Business

**1550 RINGLING BLVD
SARASOTA FL 34236**

Mailing Address

**1550 RINGLING BLVD
SARASOTA FL 34236**

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 200 S. Orange Avenue

2a. Mailing Address

26 200 S. Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sarasota, FL

City & State

28 Sarasota, FL

Zip

24 34236

Country

25 U.S.

Zip

29 34236

Country

30 U.S.

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

**GRIMES, MICHELE B
1550 RINGLING BLVD
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

**81 Name
GRIMES, MICHELE B
82 Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Avenue
83
84 City
Sarasota
FL 85 Zip Code
34236**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

**1.1 TITLE
DP
1.2 NAME
Ecker, Lutz D.
1.3 STREET ADDRESS
69 Eunice Road
1.4 CITY-ST-ZIP
Willowdale, Ontario, CANADA M2K 2V4**

☐ Change ☒ Addition

**2.1 TITLE
D VP
2.2 NAME
Ecker, Ruth Ann
2.3 STREET ADDRESS
69 Eunice Road
2.4 CITY-ST-ZIP
Willowdale, Ontario, CANADA M2K 2V4**

☐ Change ☒ Addition

**3.1 TITLE
S
3.2 NAME
Ecker, Carolyn K.
3.3 STREET ADDRESS
69 Eunice Road
3.4 CITY-ST-ZIP
Willowdale, Ontario, CANADA M2K 2V4**

☐ Change ☒ Addition

**4.1 TITLE
T
4.2 NAME
Ecker, Cameron C.
4.3 STREET ADDRESS
69 Eunice Road
4.4 CITY-ST-ZIP
Willowdale, Ontario, CANADA M2K 2V4**

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CRF034 (12/95)