

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

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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90083 040 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000029733**

1. Corporation Name

**RADIOCORP HOLDINGS, INC.**



Principal Place of Business <b>1016 GRAND ISLE TERRACE PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>SUITE 203-302 4300 SOUTH U.S. HWY #1 JUPITER FL 33477</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 4300 SOUTH U.S. HWY #1</b>		2a. Mailing Address <b>26 SUITE 203-302</b>		3. Date Incorporated or Qualified <b>04/17/1995</b>	
Suite, Apt. #, etc. <b>22 SUITE 203-302</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0620409</b>	
City & State <b>23 JUPITER, FL</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33477</b>		Country <b>25 USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JORDAN, DARLA  
1016 GRAND ISLE TERRACE  
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

**81 Name DARLA JORDAN**  
**82 Street Address (P.O. Box Number is Not Acceptable) SUITE 203-302**  
**83 4300 SOUTH U.S. HWY # ONE**  
**84 City JUPITER FL 85 Zip Code 33477**

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 **DARLA JORDAN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**JAN 8/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, DARLA	1.2 NAME	
STREET ADDRESS	SUITE 203-302, 4300 U.S. HWY #1 SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOONE, JACK	2.2 NAME	
STREET ADDRESS	P.O. BOX 44645 (N/A)	2.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT, BAHAMAS	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DARLA JORDAN**

Date

**JANUARY 8/99**

Daytime Phone #

CR2E034 (11/98)