

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000096996 (0)

1. Corporation Name

KARISMA COMMUNICATIONS SOUTHEAST, INC.

Principal Place of Business

Mailing Address

**11218 BOCCA WOODS LANE
BOCA RATON FL 33428**

**11218 BOCCA WOODS LANE
BOCA RATON FL 33428-1838**



2. Principal Place of Business 21 249 W UNIVERSITY Suite, Apt. #, etc. 22 B City & State 23 GAINESVILLE FL Zip Country 24 32601 25		2a. Mailing Address 26 249 W UNIVERSITY Suite, Apt. #, etc. 27 B City & State 28 GAINESVILLE FL Zip Country 29 32601 30		3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report 11/25/1996
4. FEI Number NOT APPLICABLE		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HAYGOOD, J. MICHAEL
MACK, WILLIAMS, HATGOOD & MCLEAN, P.A.
980 N. FEDERAL HWY., STE. 305
BOCA RATON FL 33432-2704**

10. Name and Address of New Registered Agent

81 Name	Kenneth Dawson
82 Street Address (P.O. Box Number is Not Acceptable)	249 W UNIV AVE
83 Suite	B
84 City	GAINESVILLE FL
85 Zip Code	32601

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 607.030, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, HILDA M	1.2 NAME	
STREET ADDRESS	11218 BOCCA WOODS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	
TITLE	VICE PRES <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRES - SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Kenn Dawson
STREET ADDRESS		2.3 STREET ADDRESS	249 W UNIV AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	GAINESVILLE FL 32601
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0006364**

CR2E034 (9/96)