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PROFIT CORPORATION ANNUAL REPORT

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Apr 22 1997 8:00am

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012790 (7)

LOWCOUNTRY COMMUNICATION, INC.

Mailing Address Principal Place of Business 720 N.E. 28TH AVENUE 720 N.E. 28TH AVENUE POMPANO BEACH FL 33062-4913 POMPANO BEACH FL 33062 3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Country Country Z(0)ZiD This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILINGS, INC. 3732 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 FORT LAUDERDALE FL 33311 83 Crty 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: typica or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE Bille JOHNSON, JAMES A 1.2 NAME 720 N.E. 28TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 C01Y-S1-2# 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE MILE JOHNSON, ROBIN G NAME 2.2 NAME 720 N.E. 28TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 33062 CITY - ST - 712 2 4 City-St-7iP DELETE Addition 31 TITLE THE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 0:1Y - \$1 - ZIP DELETE Change Addition THE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY - ST - ZIP 0114-\$1-74 DELETE Change Addition $100 \, \mathrm{F}$ 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE SIGNATURE SIGNATURE AND TYPED OR PORTED NAME OF SIGNING OFFICER OR DIRECTOR Daily Dayling F

14. I do hereby certify that the information supplied with this filips 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 poort or supplemental innual ripps, 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 copy of ation or the receiver or true regy powered to execute this report as required by Chapter 697, Florida Statutes, and that my name