

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90125 001 \*\*\*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 # P96000044349**

1. Corporation Name

**INTERMART BROADCASTING OF FLORIDA, INC.**



Principal Place of Business <del>4010 DELTONA DR</del> <del>PUNTA GORDA FL 33950</del>	Mailing Address <del>4010 DELTONA DR</del> <del>PUNTA GORDA FL 33950</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9148 Bonita Bch Rd.</b> Suite, Apt. #, etc. 22 <b># 205</b> City & State 23 <b>Bonita Springs FL</b> Zip 24 <b>34135</b> 25 Country		2a. Mailing Address 26 <b>9148 Bonita Bch Rd.</b> Suite, Apt. #, etc. 27 <b># 205</b> City & State 28 <b>Bonita Springs, FL</b> Zip 29 <b>34135</b> 30 Country		3. Date Incorporated or Qualified <b>05/20/1996</b>	4. FEI Number <b>65-0667432</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**DAHLINE, PATRICIA S**  
~~4010 DELTONA DR~~  
~~PUNTA GORDA FL 33950~~

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9148 Bonita Beach Rd.**  
83 **# 205**  
84 City **Bonita Springs** FL 85 Zip Code **34135**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, JAMES E</b>	1.2 NAME	
STREET ADDRESS	<del>4010 DELTONA DR</del>	1.3 STREET ADDRESS	<b>P.O. Box 1427</b>
CITY-ST-ZIP	<del>PUNTA GORDA FL 33950</del>	1.4 CITY-ST-ZIP	<b>Boca Grande, FL 33921</b>
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAHLINE, PATRICIA S</b>	2.2 NAME	
STREET ADDRESS	<del>4010 DELTONA DR</del>	2.3 STREET ADDRESS	<b>9148 Bonita Bch. Rd. #205</b>
CITY-ST-ZIP	<del>PUNTA GORDA FL 33950</del>	2.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>
TITLE		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		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		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		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:

**Patricia S. Dahline v.p.**

**3/8/99**

**941-949-0808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)