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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

May 07 1998 8:00am

1	NUAL REPORT Secretary of State  1998 Division of Corporations			Secretary of State		
DOCUMENT # P96000066898 (3)						
RADIOP	'age international, inc	•				
Principal Place	o of Business	Mailing Address			PO 0.1404 46410 10101 1011 1031	
9834 GLADES		9834 GLADES RD		<u> </u>		
C1	<b>TD</b>	C1		DO NOT WRITE IN THE	CDACE	
BOCA RATON	FL 33434	BOCA RATON FL 33434		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
US		US		08/12/1996		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	o Glades ILD	26 4170 HO	des RD	65-0687848	Not Applicable	
Sulte, Apt. 4		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	a Raton, FL	28 Buca Rat	on, FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
	Country A	<sup>ZID</sup> 33434 3	Country USA	8. This corporation owes or has paid the cu	irrent year Intangible Yes No	
24 337	9. Name and Address of Curren		0 454	Personal Property Tax due June 30.  10. Name and Address of New Registered		
חבי	_ <del></del>	t registered rigoni	81 Name	10.		
PETRO, MICHAEL A.  9834 GLADES RD #C1  82 Street Address (P.O. Box Number is Not Appentable)						
9834 GLADES RD #C1  BOCA RATON FL 33434			9170 Glader 120.			
50.			83			
	84 City 85 Zip Code					
Koca Katon FL   33457						
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.						
agent I ar	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes.	water W-2	4-98-	
SIGNATURE	I VYULATIVI VELVITA		# X Y TO 1 17			
	Signature, typed or printed name of regist red ac-	ot and title if applicable (NOTE:	Registered Agent signature		<u>- / / 0</u>	
12.	Stonature, typed or printed name of regist rise ack OFFICERS ANI	DIRECTORS	Registered Agent signature 13.	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
12. TITLE	OFFICERS ANI			required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
	OFFICERS AND D PETRO, MICHAEL A	DIRECTORS	13. 1.5 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	D PETRO, MICHAEL A STE. 1630, 110 SE 6TH ST.	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PETRO, MICHAEL A	DI DIRECTORS DELETÉ	13. 1.3 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AN PETTO, Nicde C 9170 Glodes RD. Boch Roton FL 3344.	D DIRECTORS IN 12	
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14. 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 trusted 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.