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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096808 (6)

THE HEALTH RADIONETWORK GROUP, INC.

Principal Place of Business Mailing Address 270 Russlyn dr 270 RUSSLYN DR WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405-3352 3. Date incorporated or Qualified 3a. Date of Last Report 12/02/1996 2. Principal Place of Business 2a. Mailing Address Applied For PO. Box 21 26 65-0710762 Not Applicable Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 6683 22 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution П Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032 24 USA 25 29 Florida Statutes Yes Yes ПΝο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OCEPEK, MARK 270 RUSSLYN DR 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33405** 83 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Vice President 1.1 TITLE Change NAME OCEPEK, MARK Kevin K; tchens 1.2 NAME 270 RUSSLYN DR STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL 33405** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7/P TITL€ DELETE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY - S1 - ZIP DELETE TITLE 41 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITCE Change Addition NAME -5.2.NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 logal effect as if made under eath; 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.