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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CONTORATIONS

## DOCUMENT # P9700000262 (0)

FLORIDA LICENSE ASSOCIATES, INC.

## FILED Jan 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6449 SW 132 COURT CIRCLE P.O. BOX 831915 MIAMI FL 33173-5141 MIAMI FL 33283-1915						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 01/02/1997		<i>3</i> 1 1 0 2		
2. Principal Place of	Business	26. Mailing Address				4. FEI Number 65-07224	111	1	oplied For ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		1
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees	
Zip 24	Country 25	7ip 29	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9, 1	lame and Address of Current	Registered Agent				10. Name and Address of New Re-	gistered /	Agent		]
KEARNS, ROBERTA 6449 S.W. 132ND COURT CIRCLE					me eet Addre	ess (P.O. Box Number is Not Acceptab	ıle)			-
MIAMI FL	33183-5141			33	·					-
				34 Cit	у		FL	<b>85</b> Zip (	Code	1
office or registers	provisions of Sections 607.0502 ad agent, or both, in the State of liar with, and accept the obligation	of Florida. Such change wa	s authorized	by the	ned corp corporati	oration submits this statement for the p on's board of directors. I hereby accep	urpose of of the app	changing it ointment as	s registered registered	
	: typed or printed name of registured agen			Agent sign	nature require	od when reinstating)	DATE			1
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			IS IN 12	150
TITLE D		☐ DELETE	1.1 TIT	E	PZ	esi dent_d		Change	Addition	15
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NAME			6.2 NAN							
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CITY OF THE			E 6 4 0171	OT TO	1					1

14. Thereby certify that the information supplied with this filling 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 chapted, or on an attachment with an address.

SIGNATURE:

Bar parini

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1-7-98

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