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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096790

. Corporation Name

FLAG RADIO, INC.

Principal Place of Business

Mailing Address

915 PINE TREE TERRACE DELAND FL 32724 915 PINE TREE TERRACE DELAND FL 32724

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90025 041 ***150.00



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualifed				
							11/10/1997				
Principal Place of Business 2a.		, Mailing Address				4. FEI Number			Аррі	ied For	
21		26					59-3479469				Applicable
Suite, Apt. 1	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Ac Req	ditional uired
City & State	•		City & State		,		6. Election Campaign Financing		\$ 5.	00 M	lay Be
23		28					Trust Fund Contribution		Add	ed to	Fees
Zip	Country		Zip	Country	,		8. This corporation owes the current year I			-	٦
24 27			90			Personal Property Tax. Yes No					
	9. Name and Address of Current	Regis	stered Agent	81	T .		10. Name and Address of New Registere	d Age	ent		
LIANA	MINIC I VAIN M			81	'	Vame					
HAWKINS, LYNN M 915 PINE TREE TERRACE			82	82 Street Address (P.O. Box Number is Not Acceptable)							
	IND FL 32724			-							
DELA	IND PL 32/24			83							
				84	(City	F	, T	85	Zip Co	ode
			07 4500 Flid- Gt-4	Ab a ab acc	ᆫ	amad sama	•	_	anging	n its r	enistered
office or re	edistered agent or both in the State of	Flori	da. Such change was auth	Ofized by	tne	amed corpo e corporatior	pration submits this statement for the purpose on's board of directors. I hereby accept the app	ointm	ent a	s regi	stered
agent. I ar	n familiar with, and accept the obligation	ons of	f, Section 607.0505, Florida	Statutes	; .						[
SIGNATURE			ANOTE: D		41.06	anatura raquirad	when reinstating) DATE				l
12.	Signature, typed or printed name of registered agent a OFFICERS AND			13.	nt siş	gnature required	ADDITIONS/CHANGES TO OFFICERS /	ND I	DIRE	CTOF	S IN 12
TITLE	D	Direct	DELETE	1.1 TITLE		· · · · · ·			Char		Addition
NAME	HAWKINS, LYNN M			1.2 NAME							
STREET ADDRESS	915 PINE TREE TERRACE			1.3 STREE	TAD	DRESS					
CITY-ST-ZIP	DELAND FL 32724			1.4 CITY- 9		i					
TITLE	SD		☐ DELETE	2.1 TITLE				Ε	Cha	nge	☐ Addition
NAME	SWEET, JEFFREY C			22 NAME		İ					
STREET ADDRESS	595 W GRANADA BLVD, SUITE	A		2.3 STREE	TAD	DRESS					[
CITY-ST-ZIP	ORMOND BECH FL 32174			2.4 CfTY-	ST-Z	ZIP					•
TITLE	D		☐ DELETE	31 TITLE] Chai	nge	☐ Addition
NAME	KIEFER, JERRY E.			3.2 NAME		İ					1
STREET ADDRESS	5119 SOUTH RIDGEWOOD AVE.	, #1	3	3.3 STREE	TAD	DORESS					
CITY-ST-ZIP	PORT ORANGE FL 32127			3 4. CITY	ST-Z	ZIP					
TITLE			☐ DELETE	4.1 TITLE] Cha	nge	☐ Addition
NAME				4.2 NAME							
STREET ADDRESS				4.3 STREE	TAD	DORESS					1
CITY-ST-ZIP				4.4 CITY-5	T-Zi	iP		-	101-		☐ Addition
TITLE			☐ DELETE	5.1 TITLE				L] Cha	nge	Addition
NAME				5.2 NAME							1
STREET ADDRESS				5.3 STREE							
CITY-ST-ZIP			C) DELETE	5.4 CITY-S 6.1 TITLE	ST-Z	IP .		÷	Cha	nna	Addition
TITLE			☐ DELETE					L	_ ona	ige	
NAME	r			6.2 NAME							1
STREET ADDRESS				6.3 STREE							
CITY-ST-ZIP	i			6.4 CITY-5	ST-Z	IP					

14. I hereby 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 annual report 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 signature shall have the same legal effect as if made under oath; that annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my signature shall have the same legal effect as if made, under oath; that annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my signature shall have the same legal effect as if made, under oath; that annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my signature shall have the same legal effect as if made under oath; that is not shall have the same legal effect as if made under oath; that is not shall have the same legal effect as if made under oath; that is not shall have the same legal effect as if made under oath; that is not shall have the same legal effect as if made under oath; that is not shall have the same legal effect as if made under oath; that is not shall have the same legal effect as if made under oath; that is not shall have the same legal effect as if made under oath; that is not shall have the same legal effect as if made under oath; that is not shall have the same legal effect as if made under oath; that is not shall have the same legal effect as if made unde

SIGNATURE

LynnM. Hawlises Similers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/97 604) 736-681)
Date Daylime Phone #

SR2E034 (11/98)