

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

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S81329** (2)  
1. Corporation Name  
**AMERICAN COMMUNITY ORIENTED RADIO NETWORK, INC.**

Principal Place of Business P. O. BOX T WHITE SPRINGS FL 32096	Mailing Address P. O. BOX T WHITE SPRINGS FL 32096
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>25 COLLEGE AVE W</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>PO BOX 7140</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/19/1991</b>	
22 City & State <b>RUSKIN FL</b>		27 City & State <b>SUN CITY FL</b>		4. FEI Number <b>59-3083883</b> Applied For <input type="checkbox"/> Not Applicable	
24 Zip <b>33570</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
28 Zip <b>33586</b>		29 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>STEWART, DARLENE A. 3 RIVER STREET WHITE SPRINGS FL 32096</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>US HIGHWAY 41 N</b> 83 84 City <b>WHITE SPRINGS</b> FL 85 Zip Code <b>32096</b>					

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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDER, CHARLES E			1.2 NAME			
STREET ADDRESS	3905 E VENICE AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			1.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	D/S/VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, DARLENE A			2.2 NAME			
STREET ADDRESS	HIGHWAY 41, BOX 531			2.3 STREET ADDRESS			
CITY-ST-ZIP	WHITE SPRINGS FL			2.4 CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> DELETE		3.1 TITLE	CEO/CFO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERREAULT, DOUGLAS CPA			3.2 NAME			
STREET ADDRESS	14100 N 48TH ST ALPHA 39			3.3 STREET ADDRESS	13231 PINE CREEK CIR		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	RIVERVIEW, FL 33569		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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.

SIGNATURE: *Douglas Perreault* DOUGLAS PERREAULT 4-27-98 813-641-2600

CR2E034 (10/97)