PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S90520**

1. Corporation Name

RADIO MERCHANDISE, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90015 041 ***150.00



TITLE ST NAME WILLIAMS, BRUCE H. STREET ADDRESS 8038 STATE RD. 54 CITY-ST-ZIP NEW PORT RICHEY FL 34653 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS									
NEW PORT RICHEY FL 346S3 DELETE NEW PORT RICHEY	Principal Place	of Business	Mailing Address						
2. Principal Place of Business 2a. Mailing Address 3b. FEL Number 3c. FEL Number	8038 STATE RD. #54 8038 STATE RD. #54					DO NOT WRIT	TE IN THIS	SPACE	
2. Principal Place of Business 2a. Mailing Address 5. Fig. Number 3. Applied for Source, Apt. #, etc. 5. Certificate of Status Desired 59-3003240 50. Not Applied Source, Apt. #, etc. 5. Certificate of Status Desired 58.75 Additional Free Required City & State 5. Certificate of Status Desired 58.00 May Be Added to Fees Address of Park Acy. 6. Election Campaign Financing 55.00 May Be Added to Fees Address of Country 23			•			3. Date Incorporated or Qualifed			
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Mol Applies Suite, Apt. #, etc. Status Desired Status Desire	5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- S Dunings	2a Mailing Address		#	4. FEI Number		App	lied For
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City & State	21 8022 CCD COUNTRY RD 37 26 5022 0007 Suite Apt. #, etc.			z_ _				\$8.75 A	dditional
City & State 23	Guite, Apr. W. oto.					5. Certificate of Status Desired	<u>.</u>	Fee Rec	juired
Trust Fund Contribution	I City & State . City & State					6. Election Campaign Financing		\$5.00	May Be
Zip				hey. Fl		•		Added to	Fees
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent WILLIAMS, KELLY ANN 8038 STATE RD. #54 NEW PORT RICHEY FL 34653 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 City FL 86 City FL 86 City FL 85 City FL 86 Ci	Zip Country Zip C					8. This corporation owes the curre	ent year In		_
### Supposition by Price Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New PORT Richery Ft 24653 ### 10. Name and Address of New Registered Agent ### 10. Name and Address of New Regist	- 2 W C3 - 2 W C3 -								□No
WILLIAMS, KELLY ANN 8038 STATE RD. #54 NEW PORT RICHEY FL 34653 82 Street Address (P.O. Box Number is Not Acceptable) 83 Record Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 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 agent, or both, in the eligible 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 acceptable 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, part acceptate 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, part acceptate of Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registeria Agents segnature required when ministating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PP		9. Name and Address of Curren	t Registered Agent	I.		10. Name and Address of New F	Registered	Agent	
8038 STATE RD. #54 NEW PORT RICHEY FL 34653 82				81	Name				
8038 STATE RD. #54 NEW PORT RICHEY FL 34653 84	WILL	iams, Kelly ann		82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
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 register of 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, and familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent segnature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PP UNILIAMS, KELLY ANN STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE Change Ad CITY-ST-ZIP Change Ad CITY-ST-ZIP TITLE DELETE 1.1 TITLE Change Ad CITY-ST-ZIP TITLE Change Ad CHANGE Change Ad CITY-ST-ZIP TITLE Change Ad CHANGE Change Ad Change Change Change Change Change Change Change Change C				-	0,000,7100,7				
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office or registered agent, or both, in the Sigle of Florida. Such charge was authorized with am familiar with, and accept the obligations of, Section 697-0505; Florida Statutes. SIGNATURE SIGNATU	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, the	above	-named corpo	ration submits this statement for the	purpose o	changing its	registered
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR