

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V40044 (2)
 1. Corporation Name
FLORIDA INFORMATION RADIO INC.



Principal Place of Business 2070 N. PALAFAX DR. PENSACOLA FL 32501	Mailing Address PO BOX 8219 PENSACOLA FL 32505-0219
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2. Principal Place of Business 21 1904 E. Scott	2a. Mailing Address 26 PO Box 8219	3. Date Incorporated or Qualified 06/01/1992	3a. Date of Last Report 05/21/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3121332	Applied For <input type="checkbox"/> Not Applicable
23 City & State Pensacola, FL	28 City & State Pensacola, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 32503	25 Country USA	29 Zip 32503	30 Country USA
23. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCDONALD, BONITA 2070 N. PALAFOX ST. PENSACOLA FL 32501	10. Name and Address of New Registered Agent 81 Name McDonald, Bonita 82 Street Address (P.O. Box Number is Not Acceptable) 1904 E. Scott St 83 84 City Pensacola FL 85 Zip Code 32503
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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: *Bonita McDonald* (NOTE: Registered Agent signature required when reinstating) DATE: **4/9/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDONALD, DAVID M.		1.2 NAME McDonald, David M	
STREET ADDRESS 104 MALDONADO DR.		1.3 STREET ADDRESS 1904 E. Scott	
CITY- ST- ZIP PENSACOLA BEACH FL		1.4 CITY- ST- ZIP Pensacola, FL, 32503	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D, ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDONALD, BONITA S.		2.2 NAME McDonald, Bonita S.	
STREET ADDRESS 104 MALDONADO DR.		2.3 STREET ADDRESS 1904 E Scott	
CITY- ST- ZIP PENSACOLA BEACH FL		2.4 CITY- ST- ZIP Pensacola, FL, 32503	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLIVER, MARK		3.2 NAME Oliver, Mark L.	
STREET ADDRESS 104 MALDONADO DR.		3.3 STREET ADDRESS 1904 E. Scott	
CITY- ST- ZIP PENSACOLA BEACH FL		3.4 CITY- ST- ZIP Pensacola, FL, 32503	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDONALD, BONITA SUE		4.2 NAME McDonald, Bonita S.	
STREET ADDRESS 104 MALDONADO DR.		4.3 STREET ADDRESS 1904 E Scott	
CITY- ST- ZIP PENSACOLA BEACH FL		4.4 CITY- ST- ZIP Pensacola, FL, 32503	
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 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 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: *Bonita McDonald* DATE: **4/9/97** DAYTIME PHONE: **904 438-1660**

CR2E034 (9/96)