

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

**DOCUMENT # L47287 (2)**  
1. Corporation Name  
**WSOS-FM, INC.**

Principal Place of Business Mailing Address  
**2715 STRATTON ROAD P.O. BOX 3866 ST. AUGUSTINE FL 32095**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>2715 Stratton Blvd.</b>		26 <b>2715 Stratton Blvd.</b>		<b>02/02/1990</b>	<b>05/01/1994</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
				<b>59-2995907</b>	Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
<b>St. Augustine, FL</b>		<b>St. Augustine, FL</b>		<input type="checkbox"/>	<input type="checkbox"/>
24 Zip	Country	29 Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>32095</b>		<b>32095</b>		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<b>ROSEMAN, ZOE 2715 STRATTON BLVD. 600 N. FLORIDA AVENUE, STE. 1700 ST. AUGUSTINE FL 32095</b>				81 Name	<b>SMITH, Michael H</b>
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>2715 Stratton Blvd</b>
				83	
				84 City	<b>St. Augustine FL</b>
				85 Zip Code	<b>32095</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.				10. Name and Address of New Registered Agent	
SIGNATURE <i>Michael H. Smith</i>		SIGNATURE <i>Michael H. Smith</i>		DATE <b>7/26/95</b>	

12. OFFICERS AND DIRECTORS	
TITLE	<b>VD</b>
NAME	<b>ROSEMAN, ZOE S.</b>
STREET ADDRESS	<b>311 112TH AVE NE</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>DP</b>
NAME	<b>ROSEMAN, RONALD L.</b>
STREET ADDRESS	<b>311 112TH AVE NE</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>VD</b>
NAME	<b>ROSEMAN, ED</b>
STREET ADDRESS	<b>4244 W WATERS AVENUE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>DELETE</b>
13 STREET ADDRESS	<b>No longer with Corp</b>
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as requested, or on an attachment with an address.

SIGNATURE: *Ed Roseman* **Ed Roseman** **7/26/95** **813-886-3733**