

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L47287** (2)

1. Corporation Name  
**WSOS-FM, INC.**



Principal Place of Business: **2715 STRATTON ROAD ST. AUGUSTINE FL 32085 US**  
 Mailing Address: **2715 STRATTON ROAD ST. AUGUSTINE FL 32085 US**

3. Date Incorporated or Qualified <b>02/02/1990</b>	3a. Date of Last Report <b>08/02/1995</b>
4. FEI Number <b>59-2995907</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>X</b>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**ROSEMAN, ZOE  
 2715 STRATTON BLVD.  
 ST. AUGUSTINE FL 32095**

10. Name and Address of New Registered Agent

81. Name <b>SMITH, MICHAEL H</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>2715 STRATTON BLVD</b>
83. City <b>ST. AUGUSTINE</b>
84. State <b>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 607.0503, Florida Statutes.

SIGNATURE: **MICHAEL H SMITH** *Michael H Smith* **1/29/96**

12. OFFICERS AND DIRECTORS

1. TITLE <b>DP</b>	<input type="checkbox"/> DELETE
2. NAME <b>ROSEMAN, RONALD L.</b>	
3. STREET ADDRESS <b>311 112TH AVE NE</b>	
4. CITY, ST, ZIP <b>ST. PETERSBURG FL</b>	
5. TITLE <b>VD</b>	<input type="checkbox"/> DELETE
6. NAME <b>ROSEMAN, ED</b>	
7. STREET ADDRESS <b>4244 W WATERS AVENUE</b>	
8. CITY, ST, ZIP <b>TAMPA FL</b>	
9. TITLE	<input type="checkbox"/> DELETE
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> DELETE
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME <b>SMITH, MICHAEL H</b>	
11. STREET ADDRESS <b>311 112th Ave N.E.</b>	
12. CITY, ST, ZIP <b>ST. PETERSBURG, FL 33716</b>	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(k), 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: *Ed Roseman* **Ed Roseman** **1/29/96** **813-886-3733**

CR2E034 (12/95)