

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Murpham
 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 02/02/1990	3a. Date of Last Report 08/02/1995
4. FEI Number 59-2995907	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required
6. 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 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 SMITH, MICHAEL H
82. Street Address (P.O. Box Number is Not Acceptable) 2715 STRATTON BLVD
83. City ST. AUGUSTINE
84. State FL
85. Zip Code 32095

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 DP	<input type="checkbox"/> DELETE
2. NAME ROSEMAN, RONALD L.	
3. STREET ADDRESS 311 112TH AVE NE	
4. CITY, ST, ZIP ST. PETERSBURG FL	
5. TITLE VD	<input type="checkbox"/> DELETE
6. NAME ROSEMAN, ED	
7. STREET ADDRESS 4244 W WATERS AVENUE	
8. CITY, ST, ZIP TAMPA FL	
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

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
20. NAME SMITH, MICHAEL H	
21. STREET ADDRESS 311 112th AVE N.E.	
22. CITY, ST, ZIP ST. PETERSBURG, FL 33716	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. 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)