

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00368 (3)

1. Corporation Name
PALMETTO BROADCASTERS ASSOCIATED FOR COMMUNITIES, INC.



Principal Place of Business **Mailing Address**
1400 CENTREPARK BLVD., STE. 860 **1400 CENTREPARK BLVD., STE. 860**
WEST PALM BEACH FL 33401 **WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified **3a. Date of Last Report**
12/14/1983 **10/30/1995**

4. FEI Number Applied For
59-2480491 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business **2a. Mailing Address**

21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **27**

City & State City & State

23 **28**

Zip Country Zip Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, JAMES
1400 CENTREPARK BLVD., STE. 860
W. PALM BEACH FL 33406

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (Print) Registered Agent Signature Required Before Filing DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RHEA, CLAUDE H III	
STREET ADDRESS	1856 OLD RESTON AVENUE	
CITY-ST-ZIP	RESTON VA 22090	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, GORDON	
STREET ADDRESS	1025 MORRIS BLVD.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEEBLER, EUGENE	
STREET ADDRESS	1001 EAST HIGHPOINT DR.	
CITY-ST-ZIP	MOBILE AL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WATSON, JAMES	
STREET ADDRESS	49 BALFOUR RD. E.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENKEL, WILLIAM	
STREET ADDRESS	1120 SW 19 ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	WEST, JAMES L.	
13 STREET ADDRESS	14444 66th STREET NORTH	
14 CITY-ST-ZIP	CLEARWATER, FL 34624	
21 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RHEA, CLAUDE H III	
23 STREET ADDRESS	1856 OLD RESTON AVENUE	
24 CITY-ST-ZIP	RESTON VA 20190	
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Claude H. Rhea III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96 **703-904-7310**
Date Registered Principal

CR2E037 (12/95)